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THE
AMERICAN MEDICAL ASSOCIATION
AND
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THE PHARMACOPŒIA
OF THE UNITED STATES OF AMERICA.

THIS PAMPHLET IS ESPECIALLY ADDRESSED TO THOSE BODIES WHICH
WERE REPRESENTED IN THE NATIONAL CONVENTION
FOR REVISING THE PHARMACOPŒIA, AND
WHICH ARE REPRESENTED IN
THE AMERICAN MEDICAL ASSOCIATION
AND
THE AMERICAN PHARMACEUTICAL ASSOCIATION.

BY EDWARD R. SQUIBB, M. D.,
OF BROOKLYN.

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THE AMERICAN MEDICAL ASSOCIATION

AND

THE PHARMACOPŒIA

OF THE

UNITED STATES OF AMERICA,

BY EDWARD R. SQUIBB, M. D.,

OF BROOKLYN.

At the meeting of The American Medical Association, held in Philadelphia, June, 1876, the writer introduced the subject of the present condition and future prospects of the Pharmacopœia, and a preamble and resolutions were adopted by the Association, taking the whole matter into consideration for a year, with a view to some final action at the meeting in Chicago in 1877, and the writer was directed to present the subject at the hour of ten o'clock, on the second day of the meeting.

The preamble and resolutions offered, and the reasons given, on which they were adopted, are reprinted here from the minutes.

At the meeting of The American Pharmaceutical Association, held in Philadelphia, in September, 1876, the writer also introduced the subject, and asked for its consideration by that Association, so that it, too, might be prepared a year later to take whatever action might seem wisest and best after a year's deliberation and discussion by its constituent organizations, in case The American Medical Association should seek its co-operation, either in a new plan of revision or in any modification of the old plan.

The preamble and resolutions offered, and the explanation which they were accepted, discussed and laid over until the meeting of 1877, are also reprinted here from the minutes.

At a meeting of the Kings County Medical Society of York, the subject was also brought up by the writer in October 1876, and the substance of his remarks are also republished from the minutes.

At a meeting of the New York College of Pharmacy, December, 1876, the subject was also presented by request of the College, and was discussed. This presentation and discussion are also reprinted here from "New Remedies," p. 363.

In these four presentations of the subject some of the reasons and arguments for bringing it up at this time are repeated. It is believed that the four are necessary in order to give the best account of it of which the writer is capable.

Being directed to submit his views, and a plan for carrying them into operation at the meeting of 1877, as above mentioned, he has determined, in consideration of the importance of the subject, to mature and print the plan to be submitted many months in advance of the meeting, in order that it may be laid before constituent societies and colleges of the two National Associations for mature deliberation, so that their delegates may be sent to annual meetings of the representative bodies with instructions to act in the matter, if that should be desired by the constituent organizations.

This plan will be found in detail, following the reprint of the presentation of the subject, and the whole matter in pamphlet form will be circulated as freely as possible among physicians and pharmacists. Both physicians and pharmacists are earnestly urged to bring the subject before their local societies and colleges at the earliest possible time; and especially before those societies and colleges which have hitherto participated through delegates in "The National Convention for Revising the Pharmacopœia."

[EXTRACTED FROM THE MINUTES OF THE AMERICAN MEDICAL ASSOCIATION.*]

The subject of the future of the U. S. Pharmacopœia was brought before the Section on Practical Medicine, Materia Medica and Physiology, by Dr. E. R. Squibb, and after discussion in the Section, Dr. Squibb was directed to bring the subject before the Association.

* From "New Remedies" for July 15, 1876, p. 217.

ciation at a general session, and the Secretary of the Section was directed to have an appropriate time appointed for the subject.

A time was appointed by the Association, and Dr. Squibb, when called upon, offered the following preamble and resolutions :

WHEREAS, The usual time for a decennial revision of the United States Pharmacopœia is drawing near ; and

WHEREAS, The plan of revision and publication in force since 1820 may not now be the best that could be desired ; therefore, be it

Resolved, That the American Medical Association take the whole subject of the National Pharmacopœia into consideration for a review of its management ; and for the present time with especial reference to the following questions :

First, Whether the present plan of revision and publication be practically sufficient for the wants of the Materia Medica and Pharmacy of the present time. And if not sufficient, whether any plan could be devised which might offer probable advantages enough to justify an attempt to disturb the present one.

Second, Whether this Association be the proper custodian in this country of the interests involved in the National Pharmacopœia ; and if it be the proper source of a national codex, whom can it invite to co-operate with it in the work ?

Third, If it be a work for this Association, in what way can its details be wisely undertaken with any prospect of material improvement upon the present plan ?

Resolved, That in order to facilitate mature and general deliberation upon so important a subject, the final discussion of it be laid over for at least one year ; and that the subject be recommended to the President of the Association for consideration in his annual address for 1877.

After the reading of the resolutions, Dr. Squibb said that if they were accepted by the Association, he would offer some reasons for their adoption.

On motion, the preamble and resolutions were accepted and placed before the Association, and Dr. Squibb was called to the speakers' stand.

He said it could hardly be necessary to say a word upon the great importance of the Pharmacopœia to the medical profession of the country as represented here ; or to apologize for bringing the subject up at this time, and he would therefore go at once to the consideration of the preamble and resolutions.

He reminded the Association that the plan upon which the U. S. Pharmacopœia had been revised and published up to this time was adopted in 1820, but had been much modified and improved from time to time. As now in force, it will be found stated on the first page of the Pharmacopœia, and it is briefly as follows : In the month of May of the last year of each decade the President of the previous Convention issues a notice " requesting the several incorporated State Medical Societies, the incorporated Medical Colleges, the incorporated Colleges of Physicians and Surgeons, and the incorporated Colleges of Pharmacy throughout the United States, to elect a number of delegates not exceeding three, to attend a General Convention to be held in Washington " in May of the following year, or the first year of the new decade ; and the next Convention, as provided for by the last one, occurs on " the first Wednesday in May, 1880. " This is now drawing so near that if any action be taken in regard to it, it will be necessary and wise to consider it within the next year,

and adopt it within two years. It will be noticed that this decennial convention for this express purpose, long antedates this Association, and it is probable that if this Association had been in existence in 1820, or any similar National Association, it would have had the charge of the Pharmacopœia. As it stands now this Association is very nearly a duplicate of the Pharmacopœia Convention—so nearly so that one or the other seems unnecessary. Both are representative bodies, and both claim to represent the medical profession of the country, and aim to do so, and the two are the only bodies which either aim to claim to represent the whole profession. The only material difference in the organic structure of the two is that within the past thirty years the decennial Convention has wisely availed itself of the profession of Pharmacy as a specialty of medicine, and has invited delegates from the incorporated College of Pharmacy. The Pharmacopœial Convention has, however, always ignored the National Pharmaceutical Association as it has this Association, going for its constituent delegates to the same sources as the National Associations, as did long before the National Associations existed.

The Pharmacopœial Convention meets every ten years; and, having decided upon all the general principles of the Pharmacopœia, and ordered its general scope, and plan, and methods, it appoints a Committee of Final Revision and Publication to carry out these general principles and plan in the details of the revision, and gives this committee entire charge of the Pharmacopœia until the next decennial period. This committee meets as soon as practicable after the convention and commences the detail work of the revision. Few, except those who have served upon this committee, know the amount and character of the labor it involves, and two to three years has been generally occupied in the Revision, the time and labor increasing with the progress of the medical sciences, so that at the last Revision the Pharmacopœia was not issued until 1873, or until nearly one-third of the next decennial period had passed. This work of Revision has always been done gratuitously; and to such men as Drs. Wood, Bache, Carson and Bridges, and Messrs. Proctor and Taylor, who have worked upon it time after time, and some of them from the very first of the last Revision, the profession of this country owe a debt which can never be discharged and should never be forgotten. Some of these gentlemen are now too infirm to have any more of such labor imposed upon them, and two others of the very hardest workers, Bache and Proctor, are dead. And so now, where the charge of these important interests is to fall, and how the interests are to be managed, are the questions sought to be presented to you.

Next. Is the present plan, adopted so long ago as 1820, the best that could now be desired? Here it must be remembered that any plan which has worked well for more than fifty years is entitled to so much respect, that it becomes a matter of grave doubt as to whether it can be wisely disturbed. But it must also be remembered that the working well of this, as of all plans, has depended less on the plan than on the men who originated it and carried it out, and that these men with their energetic labor are no longer available for the work. And above all it must be remembered that an imperfect or even a bad plan, once established and moderately well carried out, is often better than a change, with its necessary uncertainties. Hence it must always be wise to pause and scrutinize closely the reasons for so great and radical a change as that here proposed. A revision of the Pharmacopœia every ten years may have been quite often enough in 1820, '30, and '40, and even in 1850, but outside of its present

organization, it has since that time been generally believed that in order to keep pace with the more rapid progress of general medical science the revisions should be more frequent; and there is much good authority for supposing that a fasciculus might with advantage be issued annually or biennially, thus keeping the work up to the level of current literature and knowledge. The long periods of ten years doubtless allow the sensational novelties of the *materia medica* to have their day, and die out without disturbing the national standard with their unsound claims and unsettled superficial testimony. But intermixed and confused with these sensational novelties comes all the real sound progress that is made, and it might be a most valuable function of the *Pharmacopœia*, by current fasciculi, to aid the general profession in discriminating between the more or less substantial claims to favor. Besides, in the long periods of ten years many valuable articles are lost with the worthless mass of trash, not so much by the prejudice excited by the company in which they are found, as from a failure to recognize them and classify them by proper names and description, so that they may be identified and individualized for more accurate observation and research.

Again, an interval of ten years embraces so much more of detail work for a committee of revision, than it did twenty or thirty years ago, that the labor seems to be now approaching to an impracticable amount. The committee can only meet weekly, because the detail work has to be done by some individual as a sub-committee between the meetings, and often has to be done over and over again. Thus as the amount of work accumulates by the more rapid progress of medical sciences, the time necessary to do it must still increase, though at the last revision it reached nearly three years. A more frequent review of the ground would so divide this labor and time as to give to the professions of medicine and pharmacy the results more frequently, and with much less delay. And then, reaching the professions more frequently and in smaller quantity, such results would be more generally examined and appreciated. Besides, the actual aggregate labor of attaining such results would be diminished, by the investigation and disposal of many subjects before they became befogged and confused by mercantile interests and the doubtful testimony which grows thereon.

Again, it should perhaps in justice be stated that the present plan has not been so successful in the later revisions, and notably defective in the last one, when the Committee of Final Revision and Publication refused to carry out the instructions of the convention, and substituted its own judgment in opposition to that of the authority by which the committee was created.*

Therefore, if the present plan be not well adapted to the wants of the present day; and if the men who originated it, and who so laboriously carried it out, be no longer accessible for so active a work, may it not be a proper time to change the plan when the workers must be changed.

Then, if changed, how and how far shall it be changed? And, is the American Medical Association the proper custodian of the interests involved? A *pharmacopœia* is an authorized dictionary of the standard *materia medica*, for the use of the physician in the prevention and cure of diseases, and owes its

* See Report on the *Pharmacopœia* to the Medical Society of the State of New York, by E. R. Squibb, M. D., published in the *Transactions of the Society* for 1873-4, p. 82.

existence to the advantages and the necessities to his profession of accurate definition, uniformity, and stability in the agents used in the practice of his art. It is the result of accumulated experience and scientific research as directed to remedial agents, and especially aims to establish a standard for quality, strength, and uniformity in the materia medica. In accomplishing this it also becomes, of necessity, an authorized formulary for compounding the substances of the materia medica, or converting them into such preparations as come into general use under specific names. If there were no science nor art of medicine there would be no pharmacopœias, and therefore a pharmacopœia belongs to the science and art of medicine for the sole advantage of physicians in the treatment of diseases and injuries. And, a "Pharmacopœia of the United States" is one which is peculiarly adapted to the professional status and the professional wants of the physicians of the United States. It thus becomes a national pharmacopœia, and belongs to the physicians of the nation as they may choose to organize themselves to construct and manage it, as well as to use it. Since 1820 a comparatively small proportion of the medical profession of the nation has maintained an organization solely for the management and control of the National Pharmacopœia. The fact that in this organization the medical profession of eight to twelve States only was represented, was not the fault of the organization, for each decennial Convention not only invited delegates from all the States, but urged upon State Societies, Colleges, etc., the importance of being represented in, and aiding in a work of such importance. Neither, perhaps, was it the fault of the general profession that a no larger proportion of it was represented in these Conventions. But rather, perhaps, because the Conventions were too infrequent to keep the object freshly before the aggregate profession—because they had but one specific object and purpose, and that not a very popular one, nor one in which many individuals kept themselves very thoroughly informed—and, perhaps, more than all, because the aggregate profession had full confidence in the few men who managed the interest so well, and trusted them fully, basing this trust justly upon the beneficent results of their labors.

But, whatever may have been the reasons, this organization never was a national one in any true sense of the word in its relation to the aggregate medical profession of the United States, and its Conventions were not only infrequent but small, and simply gave support and authority to a very few men. And this organization has not increased and expanded in proportion with the magnitude and importance of its work.

Meanwhile the growing need of a truly national organization of the medical profession, for the care and management of its general interests, culminated in 1847 in the establishment of this, The American Medical Association, and it started off at once with a representation from about twenty-three States. From 1848 to the present time this Association has consisted of representatives from so nearly all the States that it must be fairly considered a national organization, in harmony with the national form of government. And if it does represent the aggregate medical profession, it is fairly entitled to the management and control of all the general interests of that profession, and the only proper source of authoritative action. Among the most important of these general interests of the profession—if not the most important—is that of the Pharmacopœia; and this interest has, up to this time, been left entirely under the control of the older and smaller national organization.

The question is, shall it be still left where it is, or would it be better for the Pharmacopœia that this Association, now the only organization which in any proper sense represents the whole profession of the nation, should now assume the management and control of this important interest? This is a very grave question, and one that cannot be settled without mature deliberation. Even if it be admitted that this Association is entitled by its more truly national character to the custody of this among its other interests, it may be still questionable whether, for the greatest good to the Association, the Pharmacopœia had not better be left where it is, because it must be fairly understood that many risks are to be assumed either way. It will, however, hardly be doubted that this Association, as the only national representative of the profession, has the right to decide these questions, and is, therefore, by that right, the proper custodian of the interest involved. It would be quite competent for this Association, at its meeting for 1879, to direct one of its constituent members from each State Medical Society to attend this "Convention for Revising the Pharmacopœia" in 1880, and thus give to the organization that nationality of character which it now needs.

The next question is, if this Association be the proper custodian of the Pharmacopœia, and if it be wise for it to assume its right of management and control, whom can it invite to co-operate with it in the work? This question must be answered, that it cannot wisely nor safely avoid inviting the active co-operation of the "American Pharmaceutical Association," a national organization as general in its representative character, and nearly as old, as the "American Medical Association," and whose objects tend to the same general results and belong to the same general interest. Indeed, pharmacy is the outcome and the expression of a pharmacopœia, and a pharmacopœia without pharmacy would be a theory without practice; and pharmacy without a pharmacopœia would be but a desultory, roving occupation, and not a true art of medicine. Pharmacy was the first specialty that grew out of the general science and art of medicine, or rather, the first differentiation in the art of medicine; for when pharmacy began to grow out of medicine there was but little science behind the healing art. Pharmacy was the first specialty of medicine, surgery the second, and the art of the obstetrician perhaps the third. Then came ophthalmology and the other numerous specialties. All are mechanical arts, and not sciences, and all derive their inspiration, their development, and their rate of progress from the general science or sciences of medicine, and all are on an equal footing, and equally subordinate to the general medical sciences and the general medical interest, and are but elements in the general art of medicine. The general art of medicine could no more do without the special art of pharmacy than it could without the special art of surgery. But, had there been no general art of medicine, the special arts of pharmacy, surgery, etc., would never have existed. Hence the general science and art of medicine, as represented in this and all other national associations, is superior, and the special arts are subordinate, and as streams, the special arts can never be independent of, nor can they ever rise higher than, their source. Medicine and pharmacy, without their natural connection and dependence upon each other, would soon lose their utility to mankind, and pharmacy, first of the two, would die out, or degenerate into something else. And an imaginary antagonism between them, which has been too much cultivated of late on both parts, is exercising a degenerating effect on both.

Such reflections, carried to their legitimate and logical conclusions, are so confirmed by the best experience of the time as to convince almost any one, sufficiently conversant with the subject, that it would be almost as impracticable to manage the interests involved in the Pharmacopœia without the co-operation of pharmacy as for pharmacy to manage them without medicine, simply because pharmacy has accumulated an amount of knowledge and experience which medicine has long ceased to work for and accumulate, and which medicine cannot afford to do without or to disregard.

Pharmacy is represented in the National Pharmaceutical Association just as medicine is represented in this Association; and pharmacy is essential to the Pharmacopœia; therefore, the co-operation of the American Pharmaceutical Association is the legitimate, the proper, and the best way in which to seek the aid of pharmacy in the management and control of the Pharmacopœia. And it is altogether probable that if this Association should, in a proper way, invite the co-operation of the American Pharmaceutical Association in this work, under the fully recognized leadership of the American Medical Association, the invitation would be accepted.

The final question for consideration is, if this Association should attempt this work, in what way can its details be wisely undertaken with any prospect of material improvement upon the present plan?

This is perhaps the most serious question of all, and one that demands great care when it is remembered how much easier it is to see the defects in an existing plan than to foresee the difficulties in one that is untried. The suggestions in regard to a plan now to be offered are not crude, but have received very careful thought. But they are not entirely satisfactory on many points, and are thrown out merely as suggestions which, when received by other minds, may afford indications of what is needed. A provisional plan should be matured and adopted at the meeting of this Association in 1877, and a committee of men familiar with the subject should be appointed to take the provisional plan into consideration, to consult with a similar committee from the American Pharmaceutical Association, and report a complete plan at the meeting of 1878. The committee from The American Pharmaceutical Association to be applied for in 1877, as that Association meets later in the year than this.

The suggestions for a plan are, first, that the whole management and control of the Pharmacopœia be entrusted to a sub-organization of this Association, of the nature of a board of management, or of an executive committee, to be called The Pharmacopœial Council of The American Medical Association. That this council should consist of either five or eight members; probably five would be the best number, as large bodies do not work so much nor so well as small ones, and spend more time in reaching harmonious action. If the council should consist of five members, this Association to appoint the president of the council, and to invite the Surgeon-General of the Army and the Surgeon-General of the Navy each to appoint one member, and the president of The American Pharmaceutical Association to appoint two members. Should eight be considered a better number for this council, or any number greater than five or less than eight, say six for example, then this Association to appoint the other members. It should be aimed to establish a wise and fair balance of interest in such a council, and the Army and Navy appointments to it would not only be for the purpose of completing its nationality, by giving the General Government its appropriate voice in the matter, but would be for the

purpose of bringing into it well educated men free from all bias. As the meetings of this council would have to be frequent during the general revisions, and perhaps two or three times a year for the supplementary fasciculi, and as the members would have to educate themselves to the special work, it would perhaps be better that the council should be small and compact, and live in adjacent cities.

This council, charged with the entire work, should be authorized to employ one or two editors, or secretaries; perhaps two during the general revisions, and one permanently. These should be experts competent to do all the detail work under the direction of the council, and should submit the prepared work at the meetings of the council. These officers of the council should be liberally paid for their services, but should have no vote in the council, and perhaps one of them should be permanently employed entirely and solely in the interest of the Pharmacopœia, under the absolute direction and control of the council. There should be no salaries paid to the council, but actual traveling expenses should be paid. And all expert labor necessary to the work should be liberally paid, and the best experts only should be employed. The copyright of the Pharmacopœia is a valuable one, and should an annual volume be issued it would be still more valuable, so that it is highly probable that the income from this source would be abundant to pay all expenses. And in order to cheapen the book as far as possible to the medical and pharmaceutical public, the copyright should be placed at a price that would just meet all reasonable expenses. What the copyright has yielded hitherto, or what it was worth, could never be known, because it was always given arbitrarily to one publishing house, which house declined to give any information upon this point. Should the copyright be offered to a properly controlled competition it doubtless could be made to pay liberally all the expenses necessary to having the work well done, and well kept up to the progress of the current materia medica.

Should such a council be able to meet and organize in the latter part of 1878, a revision might be published in 1880, thus shortening this interval by two or three years, and making a gain that seems very desirable.

The final resolution aims at having this subject fully and widely discussed, both by the medical and pharmaceutical public, and it is hoped that the medical and pharmaceutical journals will spread the matter thoroughly and discuss it temperately, and that the medical and pharmaceutical organizations throughout the land will give it their most serious consideration—a consideration commensurate with its grave importance; for there is probably no subject where hasty, immature action is more to be deprecated, or where a wise deliberation is more necessary to the welfare of the single inseparable interest which embraces the arts of medicine and pharmacy.

The President of this Association for 1877 is pretty well known to have taken much interest in the *Materia Medica* during many years past, and it therefore seems appropriate to ask him to make this movement a subject of thought and investigation, and to give the Association the results of his deliberations upon it in his annual address.

On motion, the Preamble and Resolutions were adopted and made the order of business for 10 o'clock on the second day of the next annual meeting of the Association, and Dr. Squibb was directed to be present and present the subject for discussion at that time.

[EXTRACTED FROM THE MINUTES OF THE AMERICAN PHARMACEUTICAL ASSOCIATION.]

At the second session of the annual meeting of 1876, Dr. E. R. Squibb offered the following resolution with a view to having the preamble and resolutions freely discussed, and then laid over for one year, before attempting any final action upon them :

Resolved, That the American Pharmaceutical Association devote an hour of its third session to a discussion of its interests in the United States Pharmacopœia, with a view to the adoption or rejection of the following preamble and resolutions :

WHEREAS, By the action of the American Medical Association, at its recent meeting in this city, it is proposed to discuss at its next meeting, at Chicago, in June, 1877, a proposition for that Association to assume control of the National Pharmacopœia; therefore,

Resolved, That this Association offers to the American Medical Association its hearty co-operation in the work, in any way that the American Medical Association may find the services of this Association most useful.

Resolved, That a copy of this preamble and resolutions, with the discussion had thereupon, be forwarded by the President of this Association to the President of the American Medical Association.

DR. SQUIBB.—MR. PRESIDENT AND GENTLEMEN OF THE ASSOCIATION : The object of this resolution is to bring before you the important subject of the United States Pharmacopœia of the future, so far as the interests of this Association are concerned, so that by discussion and by an interchange of views, among those present at this meeting, all may have the subject before them in its most prominent bearings, for mature deliberation during the coming year, and go to the next annual meeting prepared to act upon the preamble and resolutions suggested with an amount of care and caution proportionate to the grave importance of the subject, and the serious results which would follow any unwise or hasty action.

The first question to be considered is, whether pharmacists have any reasonable or just causes of complaint to prefer against the present Pharmacopœia, and if so whether these are due to the present plan of revision and management. Then, should this be probable, can the present plan be so amended as to give promise of material improvement in the future; or, can a new plan be suggested that will afford probable advantages enough to justify a radical change from the present one, which in the main has done so well for so many years?

A free discussion of these points may bring out others, in detail, and will set all to thinking upon the matter, so as to go to the next meeting better prepared for wise and deliberate action.

That pharmacy has just and reasonable causes of complaint against the present Pharmacopœia may be supported by the following propositions: First, that it does not represent the progress in pharmacy up to the time of the last revision; and that its more frequent revision, though authorized, has not been attempted by the Committee of Revision. Secondly, that its descriptions and details are insufficient for the attainment of its objects, so far as pharmacy

is concerned. Thirdly, that its processes are, many of them, unnecessary and therefore useless; that some of them are defective, while a few are positively bad. Fourthly, that there are more errors in it than the character of the work should admit.

That these objections to it are due to the present plan of revision and management may be shown to be probable by the following circumstances. The labor involved in bringing the Pharmacopœia up to the level of pharmaceutical progress at the times for its revision has always been great; and, increasing rapidly with each revision, has now become very great; far too great to be required or expected from any committee of revision acting voluntarily and gratuitously, while no adequate provision has ever been made for paying for the labor involved. When the work was mainly and so admirably done by Drs. Wood and Bache in the past, it was well and amply paid for by the subordination of the Pharmacopœia to the Dispensatory of these authors, which latter, as a private book of its authors, has been deservedly one of the most popular, most useful, and most lucrative books of the age. It nevertheless embraced and overshadowed the Pharmacopœia which was its basis, and gave to its authors the profits of their labors, both upon the Pharmacopœia and Dispensatory, by placing both in an official relation to the materia medica and pharmacy of the nation. Beside these authors, no one has ever received any material consideration, directly or indirectly, for any labor given to the Pharmacopœia. At the time of the last revision Dr. Bache was dead, and Dr. Wood so infirm in health that his services were not useful, but were rather obstructive in the committee; and have continued to be so unserviceable to the Pharmacopœia interests, that now, while his Dispensatory still overshadows the Pharmacopœia it does not embrace it, and has not been revised to meet the wants of the present plan of revision; whilst by allowing his publishers to change the date on the title-page of the Dispensatory, it appears to post-date the last revision of the Pharmacopœia, which it does not contain or comment upon, while it still, in a large measure, takes its place. Thus the Dispensatory, once far more important and far more valuable than the Pharmacopœia upon which it was based—more valuable even in the truest interest of that Pharmacopœia, has now become obstructive to that interest; and this from no fault of its authors, nor any undue greed of gain, but simply because such labor as they gave never should be expected nor asked for, and never can be justly obtained or used without being well paid for. It, therefore, follows that as the services of Drs. Wood and Bache are no longer available to the Pharmacopœia, their mode of having its labor paid for can no longer be depended upon. And, as this mode is an inseparable part of the present plan of revision, the plan must be objectionable, and cannot reasonably be expected to yield better results in the future than at the last revision, where a committee of five or more gave their time, knowledge, skill, and labor, as it could be spared, through a period of more than two years, gratuitously. From this it would appear that the present Pharmacopœia is as good as could be justly expected, and that its defects may be in great measure chargeable to an attempt to get important labor, which but few have the knowledge and skill to render, without paying for it. If this be true, and if it be unjust and absurd to claim or expect expert labor unpaid for, then the present plan of revision and management is so defective that it never can represent the progress of medicine and pharmacy to the time of revision; and as the more infrequent the revisions the greater the labor;

and the more rapid the progress in medicine the more frequent the revisions are needed, it again follows that the present plan is insufficient and needs reform.

Next, can the present plan be amended without radical changes? It seems doubtful whether a plan, the basis of which is voluntary labor throughout, and which was only successful so long as this basis was true only in appearance, can ever be successfully amended. Efforts were made in that direction in the conventions for the last two revisions, and in the Committees of Final Revision and Publication, but with little, if any, benefit to either the committees or their work. For example, it was proposed and carried in the convention to expend the income from the copyright of the book upon it, first to pay for the expert labor upon it, and then all the income over that to be expended in cheapening the book to the medical public. But while it was supposed that the income could not be large, so long as the book was embraced in and substituted by the Dispensatory, and was kept in the condition of a mere outline or skeleton, requiring the Dispensatory as a commentary, to render it of much service to either physician or pharmacist, still it was indefinitely known that a large number of copies were sold, and that the copyright had a definite value. Information on these points was sought for from the publishers by official resolution of the committee of 1860, but was declined; and after this rebuff from the publishers, a resolution in the committee to offer the copyright to competition among publishers was rejected by the committee, and the copyright has continued always in the same hands, with but an insignificant yield to the committee for small expenses at the time of revision each ten years. Therefore, as it has up to this time been impossible for either the convention or its committees to know much about the copyright or its value, and therefore to make any amendments in its plan based upon the income from the book, it seems probable that in this direction at least little can be expected short of a radical change in the design and character of the book, and change of hand for its control and management. In the last revision the convention failed to control its committee in the work, or, rather, the committee did not carry out the directions of the convention, and the convention has no redress; for, by its own organic provisions, it can only be called once in ten years, and then by the chairman of its own committee, which declined to carry out its orders. That this plan ever did work well seems to be due to the great ability and labor of Drs. Wood, Bache, Carson, and Bridges, and Messrs. Procter and Taylor; and that the first two were indirectly well paid for their labor by this plan of making a Pharmacopœia which should require a Dispensatory, and then making a Dispensatory as a private and a profitable enterprise, whose success depended upon its being still more profitable to those who bought and used it than to its authors.

It follows, then, that the professions of medicine and pharmacy have had full value, and perhaps many times the value, of all they have ever paid for both Dispensatory and Pharmacopœia, and owe besides a large debt of gratitude and credit both to the plan and to its able and indefatigable authors and workers. But, unfortunately for the professions, the authors and workers are no longer available by reason of the unsparing hand of Time, and the thirteenth edition of the Dispensatory remains year after year unrevised, until it has become simply a book of reference for the past, and a blind to those who go to it for the progress of modern knowledge.

As a summary of what has been said, it may be suggested that any amendment of the present plan which does not embrace a dispensatory, or its equivalent in the Pharmacopœia itself, will be no improvement upon the past. And that such a change in the Pharmacopœia itself would involve labor that must be paid for in some way; and that this, if accomplished, would not be an amendment of the present plan, but would be a radical change to a new plan.

Next, can a new plan be suggested that will afford probable advantages enough to justify a radical change from the present one, which in the main has done so well for so many years? This is a most serious and important question, and one which well deserves a year of careful thought and consideration, if it is to be wisely answered. It seems altogether probable that some plan can be found that is better for this time than the one which was applicable thirty or forty years ago, and then yielded its best work. And in view of this probability the following plan was submitted, with some hesitation and doubt, to the American Medical Association, at its meeting in this city, in June last. The plan was favorably received, and was made the special order of business for ten o'clock of the second day of the next annual meeting, and the President of the Association is recommended to consider the subject in his annual address. It will save time and space here if the members of this Association will read the remarks made in presenting the subject at that time, as it is intended that those remarks, and these now made, shall, when taken together, cover the whole ground of this preliminary stage of the discussion. The remarks may be found in the "Transactions of the American Medical Association for 1876," when published; but have been already published in "New Remedies," for July, at page 217.

The plan suggested for thoughtful consideration is as follows:

That the American Medical Association, as the only concrete body or organization which fairly represents the whole medical profession of the United States, and, therefore, as really owning the United States Pharmacopœia as one of its most important general interests, should now take possession of the Pharmacopœia and control it henceforth,

That it should control and manage the Pharmacopœia by means of a council to be styled the Pharmacopœial Council of the American Medical Association. This council to consist of a president and four other members. The president to be nominated by the Nominating Committee, and elected by the Association as often as the office may become vacant by action of the Association, by action of the council, or by death or resignation. That the American Medical Association invite the Surgeon-General of the Army, and the Surgeon-General of the Navy, each to select and appoint a medical officer from their respective corps, and invite the American Pharmaceutical Association to select and appoint two pharmacists to constitute the pharmacopœial council.

That this council under the American Medical Association shall be charged with the entire control and management of the Pharmacopœia in all its details, and be empowered to employ one or two editors and other experts when necessary to do the work properly, and to use the income from the copyright of the book to pay its expenses.

This council should be ordered to revise and publish the Pharmacopœia once in five years, and to issue a fasciculus or small inexpensive volume in addition,

each year, giving the best attainable information in regard to new remedies and their uses, and the important elements of progress in the *materia medica* and pharmacy up to the time of the annual publications. At each quinquennial revision the well-established progress of the five years to be embodied in the standard book from the fasciculi. Thus each fasciculus would become a useful ephemeris for its day, and these ephemerides would serve not only to keep the profession of medicine and pharmacy informed in regard to the novelties as they might occur, but assist in discriminating between the good and the bad, saving both professions from some of the influences of fashion, frivolity, and mercantile speculation in medicine. There is probably nothing that the practical physician and pharmacist need more than some authoritative assistance in discriminating between that which is reasonable and sound, and that which is merely plausible and ingenious in the *materia medica*. And it is probable that there could be no better way of giving this assistance than in close connection with the authorized Pharmacopœia, and yet without embracing the novelties within the Pharmacopœia until they should be well tried in a prescribed and uniform way, under authority, and thus become established upon some degree of accuracy and uniformity of conditions for observation.

Such a council, fitted without special training to take up such a work and do it moderately well at once, certainly could not be found in this country. But by careful selection, the responsibility for which should rest heavily upon the selecting bodies, a council might be made up of industrious, energetic men, accustomed to accurate work, who would be willing to train themselves for it so that in a year or two from their appointment they would be ready to begin their work, and then grow in knowledge and adaptation with the work. Two editors, to be secretaries of the council but without votes, might be needed at the quinquennial revisions, and one would be needed permanently to continue the work, under the president of the council, without cessation or interval. This permanent editor should be a well-trained expert, and such a one would be very difficult to find, and would probably have to be changed until the requisite ability was found, and then be specially trained to the work. In short, the organization of such a council would be, with all the caution that could be used, a difficult work, and one full of obstacles; but might not be impracticable if the labor could be paid for in reputation and in money as it should and must be to be successful. Such a council would not have to meet frequently, certainly not oftener than four times a year, but would of course have much research and reference work on current medical literature to do at home, as for example, the army and navy members at their unrivaled libraries, laboratories, or depots;—and the copyright might not be at first sufficient to pay well for such work.

But if such a council should be happily found as would by sound and accurate knowledge and persistent labor, produce a work that would meet the wants of the two professions in any reasonable degree, there can be no doubt that the work would within a very few years sell to an extent to recompense the labor given to it, for if anything be certain such recompense is certain in accurate proportion to the true soundness, quality, and amount of the labor bestowed upon it. The only probable serious difficulty would be that a year or more of the hardest labor would have to be given before the copyright could be offered as a source of income, for such a council should

neither hypothecate its labor nor go in debt, even if it could do so. But this difficulty does not seem insurmountable when the character of such men as must be selected for such a council, and the character of the bodies they would represent is duly considered.

It was first thought that such a council might be a little larger, say eight members; but beside the greater harmony and smoothness in working of the smaller number, it is doubtful whether the income could ever be made sufficient to adequately pay for more than one competent editor to do the continuous detail work, and five members or councillors for the intermittent duties, whilst the work, once fairly started, and the workers trained to it, would not be greater, nor take more time than could be well spared by five men who were at the same time actively engaged in the general duties of their respective professions.

The idea of a standard Pharmacopœia and an ephemeral adjunct having a value to the professions proportionate to the ability and labor with which the plan was carried out, seems well worth earnest thought and discussion, and the subject should be discussed freely and temperately, not forgetting for a moment that the elements of success in such an undertaking are very costly and difficult to secure; and that schemes of this kind may be ingenious and plausible, and may be even very sound and good, and yet prove impracticable, so often does ingenuity mask true utility. And yet there is no better way of making sound progress than by means of a well digested theory earnestly tried.

This plan has been gradually reached through many phases and modifications, as thought over and talked over with interested and intelligent friends for some years past, and now when it is time that it should be publicly suggested for whatever it may be worth, it is still immature and is set forth with diffidence, but as the best that one mind can do on so important a matter, with the hope that it may elicit a discussion here now that will bring out new points and new details, to serve as food for reflection during the year which is to elapse before action be taken upon the subject in this Association.

[EXTRACTED FROM THE MINUTES OF THE KINGS COUNTY MEDICAL
SOCIETY.]

Dr. Squibb began by giving a brief history of the origin of the United States Pharmacopœia, from which it appeared that it originated in this State, chiefly through the efforts of Dr. Lyman Spalding, of the N. Y. County Medical Society, in 1817, and first came into actual existence in 1820, chiefly through the efforts of Drs. Thomas T. Hewson, Franklin Bache and George B. Wood, of the College of Physicians of Philadelphia. This College had proposed a U. S. Pharmacopœia as early as 1787, but a Committee, to which the subject was referred, do not appear to have accomplished anything of practical value. The Pharmacopœia of 1820 was the authorized work of a Convention which met in Washington, the first of a series of decennial conventions which have met for the purpose of revising the Pharmacopœia ever since that time, namely, in 1830, 1840, 1850, 1860 and 1870. And a similar convention is provided for, to meet in 1880.

After the revision of 1830 the U. S. Dispensatory was published as a commentary upon, and an explanation of the Pharmacopœia, the whole text of the Pharmacopœia being given in the Dispensatory, and the Dispensatory being a private enterprise of its authors, Drs. Wood and Bache. From that time the Pharmacopœia became a mere skeleton or outline of the materia medica, and was of so little use without the Dispensatory—that it had no sale or demand, while the Dispensatory based upon it, became one of the most successful medical books ever published. So completely did it overshadow and in effect suppress the Pharmacopœia that, until within the last ten years, very few in either the medical or pharmaceutical professions knew of its existence separate from the Dispensatory, and even to-day, a large majority of both professions, if asked for the Pharmacopœia, will hand out “Wood and Bache.” In this way the authors of the Dispensatory, who for a long time did nearly all the work involved in the Pharmacopœia, were well paid for their labor in the profits of their book, while the true value of the Pharmacopœia, as well as of the Dispensatory, accrued from their ability and their trustworthy labor. At the last revision of the Pharmacopœia, however, Dr. Bache was dead, and Dr. Wood no longer in health and activity, so that the work had to fall into other hands, and was not so well done as formerly. But this was not all. The Pharmacopœia was still kept upon its outline or skeleton plan, while now with no Dispensatory to explain it and make it useful, for the Dispensatory was not, as before, revised with the Pharmacopœia, and so did not then and does not now embrace it; and worse yet, it still does embrace the old effete Pharmacopœia, and gives it, and not the new revision, the currency of its enormous sale and influence. Hence the U. S. Pharmacopœia of 1870, now for the first time stands alone, and with the influence of the Dispensatory not for, but against it, while still maintaining its skeleton condition of subordinate value and utility to the professions whose standard and guide it should be, and who desire that it should be true to them that they may be true to it.

These circumstances suggest to the medical profession of the United States the inquiry as to what will become of the Pharmacopœia and the materia medica of the country without the Dispensatory, in the future? Next, is the present plan, which has worked so well since 1820, sufficient for the present wants of the profession, and if so, can it be carried out with the same success in the future as in the past without the men who designed and carried out the plan? for these, namely, Wood, Bache, Carson and Proctor, are no longer available for the work. Next, can a plan be suggested which will offer a reasonable chance of improvement, both in plan and results?

The plan which has been suggested by Dr. Squibb, and which is now before the American Medical Association for deliberation, and for decisive action at its next meeting, is briefly as follows: This plan should, if possible, be considered well by the whole medical and pharmaceutical professions of the country within this next year, so that the delegates from the whole nation may go to their national Associations in June and September next prepared to act wisely, deliberately and with proper caution on so important a matter.

The proposition is that the American Medical Association, as being the only organization which represents the medical profession of the nation, take charge and control of the Pharmacopœia as one of its most important interests, and establish a permanent council for its entire management. That this council

should consist of five members, and be formed as follows: The American Medical Association, through its nominating committee, should elect the president of the council. The Association should next invite the Surgeon-General of the Army and the Surgeon-General of the Navy each to detail a proper officer from each medical corps to be members of the council; and finally, should invite the American Pharmaceutical Association to appoint two members. This council should make a general revision of the Pharmacopœia at least once in five years, and put it in such form as to be practically useful and sufficient without a commentary or explanatory work, and should issue annually a fasciculus, or small volume, embracing the progress of the materia medica, and any useful information thereupon, of the previous year. In order to do this work well the council should be directed to employ the necessary expert knowledge and skill—say two editors for the general revisions, and one editor to be permanently employed under the direction of the president of the council. This council and their editors should be such men as from knowledge or natural taste might train themselves, in a very few years to this special work—for its ultimate success would depend entirely upon the way in which it was done. Hence, men of soundness, ability, accuracy and energy would be required, and the labor would be great in proportion to the accuracy and precision of the work. The council would have to meet for a few days three or four times a year to compare and harmonize their individual work, and to revise the work of the president and editors. Such an organization would require men whose time is valuable, and such time and such labor as would be indispensable even to a moderate degree of success and utility to the professions of medicine and pharmacy could not be had without being well paid for. To pay liberally for such services might at first be impossible, but the sale of the copyright of the books would doubtless defray the absolute expenses even from the first publication. But after this, just in proportion as the books should supply the needs of the professions, would the copyright bring funds to the treasury, so that, if well managed, it would, in ten years, or perhaps sooner, pay liberally for all the labor and special training of the highest quality that could be bestowed upon the work. Thus it is proposed to make it self-supporting from the first, while the quality of the work is to be depended upon for the degree of success obtained, in the full confidence that if the work be sound and true to the two professions it will be abundantly sustained.

In reply to questions by members, Dr. Squibb stated that he could not tell whether there would be opposition or resistance to his plan from the present decennial organization from which confusion, or possibly two pharmacopœias, might be made, but that he supposed there would not be. And, in regard to the copyright, stated that it was always held by the Chairman of the Committee of Final Revision, and had always been sold to or given to one publisher, namely, Messrs. J. B. Lippincott & Co., of Philadelphia. And that when he, Dr. Squibb, served upon this Committee in 1860, the Committee had sought for information from the publishers in regard to the copyright, which the Committee, as representing the Convention, owned, and had been refused by the publishers, on the ground that the information asked was their private business. Other equally respectable publishing houses having applied for permission to compete for the copyright a resolution was offered in the Committee to offer the copyright to competition between three or more publishers,

but the resolution was voted down, and the copyright was again given or sold to the firm which had refused to give any information in regard to its cost or value.

Dr. Hopkins asked whether, in case the American Medical Association should assume the control, it would not have to be called the American Pharmacopœia, rather than the U. S. Pharmacopœia, as they were representatives in the Association from outside the United States?

Dr. Squibb answered that that was an open question, to be decided by the Association. It was probable, however, that it had better remain strictly a national standard, and as such could only be called as at present.

NEW YORK COLLEGE OF PHARMACY.

THE REVISION OF THE UNITED STATES PHARMACOPŒIA.*

The President, Mr. PAUL BALLUFF, having called the meeting to order, opened the proceedings with some introductory remarks, in the course of which he referred to the discussion of this subject at the late meeting of the American Pharmaceutical Association,† and stated that in his opinion the proposed conference or council of the two professions should be arranged upon the basis of equality in numbers of representatives from either side.

Dr. E. R. SQUIBB then addressed the meeting as follows:

MR. PRESIDENT AND GENTLEMEN—In discussing the subject before us, the first question we have to ask ourselves is, do we wish to change the plan of revising the Pharmacopœia? We have had an excellent Pharmacopœia up to the last revision—perhaps inferior to none in its general character, certainly inferior to none in the labor, whether of skilfulness or amount, that has been bestowed upon it. The reason why we have had so good a Pharmacopœia is because we have had such competent authority to control it. The relations between the U. S. Pharmacopœia and the U. S. Dispensatory have been of such a character as to give to both books a world-wide reputation, and that reputation is a combined one; that is, the reputation of the Pharmacopœia cannot be separated from the reputation of the Dispensatory. This is so because the authors of the Dispensatory were mainly concerned in the production of the Pharmacopœia. It has been supposed that the labor on the U. S. Pharmacopœia was unpaid or voluntary labor. Now that labor was voluntary only in one sense, and that is in the sense that the authors of the U. S. Dispensatory gave their labor to the Pharmacopœia, with the effect at least of giving sale and giving authority to the Dispensatory, which was based upon it, and which has been one of the most successful medical books, in its financial results, ever published; and those results were reached through the Pharmacopœia as the authoritative basis for the work. The Dispensatory embraces a great deal of information besides the two Pharmacopœias it contains, and has been regarded as a commentary in a general medical sense; hence the sale of the Dispensatory has overshadowed that of the Pharmacopœia. Until within the

* From "New Remedies" of Dec. 15, 1876, p. 363.

† See October number, p. 306, and July number, p. 217, sqq.

last twenty years probably, the Pharmacopœia was but little known, while the Dispensatory was a book which was widely known and appreciated. It embraces the text of the Pharmacopœia, as no other book could do, because the copyright was held by the authors of the Dispensatory, who were at the same time mainly the authors of the U. S. Pharmacopœia, and they were paid for their labors upon the latter by the financial success which attended the publication of the Dispensatory. Now, had this relation between these two books gone on undisturbed, as it was twenty years ago, I would be the last to disturb that relation. I do not think that the authors who gave us so good a Dispensatory and Pharmacopœia received more honor and profit than they were entitled to for their labors. Unfortunately, however, for both medicine and pharmacy, Dr. Bache died in 1864, and the Dispensatory lost his services. Very soon after, Dr. Wood became so infirm, from age and disease, that he was unable to keep up the Dispensatory, and in 1865 he announced that he would not be likely to participate in another revision. He served upon the last revision of the Pharmacopœia, but since that time, 1865, the Dispensatory has had no additions made to it, has undergone no revision, and has not been brought up to the present condition of medicine and pharmacy. The true reason why our last revision was so unsuccessful, and probably the only reason why we are now left to desire a change, if we do desire one, is because it is so constructed as to require a Dispensatory, and is now without one. Twenty years ago the Pharmacopœia was almost universally confused with its commentary, the Dispensatory. Now we are left without a Dispensatory, and for the first time the Pharmacopœia has been left to stand alone, or rather is left to support itself with the influence of the Dispensatory against it, because the Dispensatory is now a commentary on the past revision and ignores the present one. The reason why we have not a better Pharmacopœia now is, that the labor involved was so great that no man or set of men should have been asked to perform it unpaid. The Committee did not only all that could be reasonably expected of them, but far more than they could afford to do. Their labors were contributed from time to time, and much more labor was performed than any one had a right to ask of the Committee under the circumstances. Let us not permit ourselves to complain that the work was not better done, but let us be thankful that it was done so well, and simply inquire now whether it can probably be improved. Drs. Wood and Bache were abundantly paid for their labor by the sale of their Dispensatory, and could afford to do it well, but they are not now available. It is hardly possible to go on in the manner originally designed, of making the Dispensatory serve all purposes, and no one to revise it. A dispensatory is not easily made, particularly one which shall be at all equal to the one of the past. To bring the Dispensatory up to the present time it would require to be rewritten rather than revised. There is probably more than one-half of the book which might well be left out; for much of the information given in the Dispensatory can be found in botanical works or works on therapeutics. If you take out the therapeutical and botanical parts of the book, you will have left a dispensatory of not more than one-third the size of the present work. Such a contraction of the matter of the Dispensatory would bring it down to the scope of a pharmacopœia well adapted to the wants of this country; and one could thus be made which would stand alone—that is, need no commentary.

But if the Pharmacopœia is to be kept a skeleton as it now is, it must have a commentary to render it of much service; and then the question of the future is how to get both Pharmacopœia and Dispensatory. Whether men could be found who would give the labor again, of producing a pharmacopœia even as good as the present one, without pay, is doubtful. And then how shall a proper dispensatory be secured? In the past it seems pretty certain that had there been no pharmacopœia there could have been no dispensatory, and had there been no dispensatory, a pharmacopœia upon the present plan would have been a failure; and again, that the income from the Dispensatory has been the real foundation of the success of both Pharmacopœia and Dispensatory, and that without such a foundation of skilful labor well paid for, the success of a pharmacopœia of the future is, to say the least, very uncertain, and the attempt to get one very hazardous.

These are some of the thoughts I wish to throw out at the commencement of the discussion.

I will now allude to my own design or plan for a new Pharmacopœia. I believe the time has come to depart from the old classic ideal of a pharmacopœia whereby it is mainly a catalogue and dictionary of the *materia medica*. We need something more. An illustration, perhaps, will convey my meaning. Take, for example, the article *Rheum*; the definition now given is that it is the root of *Rheum palmatum* and other species of *rheum*. What kind of a definition is that? If needed by the botanist, it gives no information of value, because it speaks indefinitely of other species than the *Rheum palmatum*. If intended for the druggist it does not give any satisfactory knowledge, and if intended for the physician it is of no avail.

The physician and pharmacist wish for something to tell them how to select good rhubarb, and care less for the botanical species than for sensible properties and tests. Now, to add to the botanical species, something which is even more useful—something whereby the pharmacist may judge of the root as he finds it in the market, and the physician may judge when he handles and uses it—something which will comport more with the usages of the day than a mere botanical definition. I would propose to make a pharmacopœia which should need no dispensatory, one which, for the scientific information required, would refer to the proper works where it may be found, whether it be the botanical description or the therapeutical uses—and there is no lack of books on either subject. Now let us refer to this use of the Pharmacopœia, not simply as a dictionary, but as a book which shall describe familiar drugs or a drug as it is met with in the market, with the processes necessary for its preparations; not written in quite so dignified a style, but in such concise detail that the pharmacist may take the description of a process and use it line after line in the preparation of the article which is being described. You may say that it would make much too large a book. I doubt it. In the first place, I would not have the book printed in so large a type as it is now. I would not aim to make it a mere outline, nor so prolix as to be cumbrous, but rather at the line of utility.

The same reasons which were urged for changing the language of the Pharmacopœia from Latin to English may be made applicable here—not only in the language, but in the detailed description of the processes employed, because the description as well as the language should be as plain as possible and as

full. Let us have a standard for the working processes as well as for the ingredients and quantities of all the established preparations. Then, having that, and making a revision perhaps every five instead of ten years (subsequently perhaps even oftener than that), we should be able to keep within the covers of the Pharmacopœia nothing but what has been fully tried, fully known, and fully described in detail.

Such a revision would decimate the present lists, for there are many articles here which might be dropped. Not that they are entirely useless, but that they are not appropriate articles to be retained in a pharmacopœia when they take up room which might be given with greater advantage to the details of primary articles. If the Pharmacopœia be so restricted, we should need something more; and my design embraces the idea that the authorities of the Pharmacopœia, whoever they may be, should issue an annual fasciculus, which should never be dignified with the standard force and authority given to the established Pharmacopœia, but be more ephemeral. A thing which would expire at the end of each year, and contain the current information of the previous year. I would have this annual, however, published by the same authority which publishes the Pharmacopœia. Now, that annual might contain a great deal which would not be looked upon as suitable to be retained or admitted in the Pharmacopœia proper. It might contain a description of all the novelties which come along—for instance, such an article as *jaborandi*, of which there was little or nothing known when it came into use—and it would have competent authority, as soon as anything of that kind was published, to send for the article, to put it upon trial, place it in the hands of proper men after it has been properly prepared, put it in the way of being used in hospitals, and so get all the information possible and publish the results of the observations in the next succeeding year. This book would never exceed the Pharmacopœia in size, and it might be a mere fasciculus for the first year or two. My impression is that such a book as that would be really more useful, both to medicine and pharmacy, than the Pharmacopœia as it is. The Pharmacopœia would still be essential and indispensable, because it is the standard; but for obtaining current information, a work, such as the book I have described, would be more useful to physicians and to the pharmacist than the Pharmacopœia itself. From it could be obtained information quite inappropriate to a standard pharmacopœia. Within two years the necessary information could be obtained regarding any article that might be proposed as a therapeutical agent, which would either discard it entirely, or place it upon further trial, or introduce it into the Pharmacopœia. At present all the novelties are in risk of being lost, or so perverted and extolled that they are dropped, or get into commercial hands and become used as proprietary medicines in one way or another.

Such a book as I have described should be issued in a cheap form, and the copyright should pay for the labor expended upon it. At first, there would probably be an expense to be met, perhaps some thousand dollars or so, to be obtained from some source for the purposes of its support; but the moment it is placed upon a reliable basis, such as will enable it to communicate valuable information to the physician and pharmacist, it would sell so as to abundantly pay everybody connected with it. The copyright of the Pharmacopœia, and the book proposed, would be very valuable if the work was properly done, and would amply reward the labor which might be given.

Now, how is the work to be done, and by what authority? Our friend, the President, has just said that the pharmacists and physicians should unite in making the Pharmacopœia. Upon that point I agree with him entirely. But he says they should unite in equal proportion. That brings up a point which to my mind is important, and which I wish to strenuously insist upon.

Pharmacy is but a specialty of medicine, and should any one attempt to sever it from medicine, it would be like attempting to sever surgery from medicine. Medicine was once a single concrete art. The same man who attempted to heal the sick prepared all his remedies, performed surgical operations, did teeth-drawing and leeching, and everything else connected with the cure of disease. As the art grew, its scope became too great for any single man, and surgery was probably the first offshoot from the general art of medicine as a specialty. The performance of surgical operations was mechanical entirely, but surgery requires some knowledge of all the branches of medicine. Pharmacy was probably the second offshoot, and the very word *drug* carries us back to the time when it was regarded as necessary to *dry* the medicine for use all the year round instead of giving it prepared in the green state. When medicines were used in the fresh state, and were collected by the physician as used, there was no pharmacy; but when collected, dried, and stored for uninterrupted use, then it was that pharmacy commenced, when the physician could no longer afford the time necessary to attend to both branches of his business. Thus it is that pharmacy is as much a part of medicine as surgery, or ophthalmology, or gynecology, or as any of the specialties in medicine, and it is only a part.

Now, if pharmacy claims that it should revise and control the Pharmacopœia, and should invite medicine to join, it would be an example of a stream rising higher than its head. What is pharmacy without medicine? Where is the origin of pharmacy? It is in medicine. It is but a subordinate part of the medical art.

Now, *if* it be, and I *must* assume that it *is*, simply a specialty of medicine, then medicine has a controlling interest in it. The Pharmacopœia then, is a general interest of medicine. It is not a general interest of pharmacy alone, but it is one of the general interests of medicine. Now, if one of the general interests of medicine, who has a right to its control? The united interests of medicine, and not the interests of any separate part; and the united interests of the united parts is found, in this country, in the American Medical Association, and nowhere else. By right every pharmacist should be a member of the medical profession by education, and should then be a member of the American Medical Association, for there is where he belongs, to practice one of its specialties. Now, if this be so—if pharmacy is but a general interest of medicine, then wherever the organization is found which embraces the general interests of medicine, it is there that the Pharmacopœia should go, for it is there that it belongs.

If the American Medical Association is the custodian of the general interests of medicine, and is therefore entitled to the control of the Pharmacopœia, then no other association is entitled to it.

The National Convention which has heretofore met for the revision of the Pharmacopœia, has been a delegated body, and the delegates have come from the same sources as those of the American Medical Association and the Ameri-

can Pharmaceutical Association. For many years this convention was composed of medical men alone, and the pharmacists came in as soon as needed and when desired. In Great Britain, the body which controls the Pharmacopœia consists of medical men only. In Germany this matter is under the direct control of the government. But we can have no such Pharmacopœia in this country as in Germany, for we have here a free country and the people have a right, with regard to certain matters, to do and think as they please. Every man has a right to have his disease treated as he pleases, and as long as the will of the subject is the law of the land, that will must be recognized, and it is the basis of all the laws we have. There are many laws upon the statute books which aim at something else besides freedom of the subject in such matters, the law in regard to the sale of poisons, for example; but they are not enforced, or, if enforced, it is either through malevolence or some personal consideration. Hence we cannot hope to have a governmental pharmacopœia in any true sense of the term. This National Convention which has met from time to time in the city of Washington has had no relations whatever with the government, or been guided by any authority except that which it maintained by its own deserving labor and results as a self-constituted body, and depends for its own continuation upon a presidential call for the Convention every ten years. This organization is, as far as its numbers go, a duplicate to the American Medical Association and the American Pharmaceutical Association, because its delegates are found in these bodies, the same men serving as delegates; hence the Convention is nothing more than a delegated body from the same sources as the American Medical and American Pharmaceutical Associations.

Now, my plan for the Pharmacopœia of the future, under the circumstances above alluded to, involves a radical change. Whether it will be desirable to make this or any change depends upon the discussions and interchange of thought during the next one or two years.

Let us concede for a moment that the Pharmacopœia is a general interest of the medical profession, and that the American Medical Association is the only organization truly representing that profession in this country, and that it assumes the Pharmacopœia as among its general interests. If it does that, it has to do something whereby the present officers of the National Convention may be relieved from calling a convention in 1880. That can be easily done, for the American Medical Association can say, next year if it chooses, to those bodies which are at present represented in the Association, and were represented in the last decennial convention, that the Association has decided to take possession of the Pharmacopœia, and asks such bodies, if it be in their judgment a proper move to make, to send delegates with authority to transfer allegiance from the National Convention to that Association. Then, if complied with, the matter is plain, for the American Medical Association can pass a resolution asking that the President of the National Convention shall not call the convention in 1880, and that resolution being supported by the action of the bodies represented in the National Convention, will probably be regarded as sufficient to relieve the President of the Convention from the duty of issuing the call in 1880, and if no call be issued there will be no Convention. The American Medical Association will then own the U. S. Pharmacopœia, and that with a proper regard for the duties and responsibilities of the officers of the National Convention.

Now the American Medical Association, as a large, unwieldy, migratory body, must manage such an interest as this by some fixed and permanent body organized for the purpose, within the Association—some committee, board, section, or council—and for this purpose must endeavor to combine all the specialities which make up the general art of medicine, but more particularly aim at two of these specialties. First, Therapeutics, to select and apply remedies, and by their effects to judge of their place and their utility to medicine, and to determine the quantities and proportions in combining them. Therapeutics must first need a remedy, and know how to study it and apply it to the need, before the sources of supply can be developed. Second, the specialty of *Materia Medica*, Chemistry, and Pharmacy. *Materia Medica* is inseparable from Therapeutics on the one hand and Pharmacy on the other, and is the connecting link between them, but the line of separation is far more difficult to draw here than between most other specialties. Therapeutics, in the general practice of medicine, selects remedies through Physiology and by experimental research, from the domain of Natural History and of Chemistry; *Materia Medica* sets these apart, studies them in their special adaptation to medicine, and defines and describes them; Chemistry is next needed by *Materia Medica* to study the composition and constitution of remedies, and separate or combine their different elements by the laws of their physiological and therapeutic action first, and next by the laws of chemistry. Finally, Pharmacy is needed to prepare, to store, to compound and to dispense the *Materia Medica* for use, in its every-varying quantities and combinations.

Hence, while Therapeutics, as the foundation and the cause, must embrace *Materia Medica* and Chemistry, it now equally needs Pharmacy to complete it as a specialty of medicine. And Pharmacy as a profession and as a specialty of medicine embraces *Materia Medica* and Chemistry, and adds to them the mechanics of a special art; just as Surgery studies Anatomy, Physiology and Pathology, and adds to *them* the mechanics of a special art, to form the specialty of Surgery. From these considerations it must be admitted, that the American Medical Association needs for this work very carefully-selected men, some of whom can be best found in the ranks of Pharmacy. But pharmacists, unlike surgeons and other specialists, have separated themselves from the general organization of medicine, and have formed a profession and organization of their own, and have a national organization to which delegates are sent up just as in the case of the American Medical Association.

Now in the management of the Pharmacopœia the American Medical Association has the choice of doing without Pharmacy, except what it can find within its own organization, or of inviting the co-operation of Pharmacy through its separate organization. This latter seems the only wise course, whether it be adopted or not, and upon such a course I propose to base my plan. The American Pharmaceutical Association, at its last meeting, signified by resolution its readiness to co-operate with the American Medical Association in this work, but upon what terms was not decided; and if it should take the matter up at its next meeting on the terms advocated by some members, of taking the Pharmacopœia into its own keeping, and then inviting the co-operation of the American Medical Association, then, of course, my plan will entirely fail.

This plan, which is to be submitted to the American Medical Association at

its meeting in June next, is that it shall organize a Pharmacopœial Council, to be incorporated if necessary, consisting of five members, which council shall be charged with the entire management of the Pharmacopœia and all that pertains to it, and be responsible only to the American Medical Association. This council I would propose to form as follows: the nominating committee of the Association to nominate, and the Association to elect the president of the council; then the Association to invite the Surgeon-Generals of the Army and Navy each to appoint one member, and invite the American Pharmaceutical Association to appoint two members. This number is chosen rather than a larger one, because it is generally conceded that small bodies work better than large ones, with less friction and more harmony of action, and that the smaller the body the closer the responsibility and the better the results. With due care in the selection and appointment, such a council would fairly represent the general interests of medicine throughout the nation, the general government of the nation, and the pharmaceutical interests of the nation, and would thus be about as general and as national in its construction as the circumstances will admit, and would be so balanced as to prevent bias in the direction of any special or peculiar interests, while its elements should bring to it men of such education and attainments as to qualify them for learning pretty rapidly the duties which would devolve upon them. This council should have an actuary to serve as secretary and editor, who should be permanently employed in the work, under the immediate supervision and direction of the president. This officer should be selected by the council with great care, and as an expert chemist and pharmacologist would be needed, such would be difficult to find, and many changes would be necessary before the right officer could be had. This office should be as liberally paid as the income would allow. With the president and this actuary for continuous work, the council would need to meet, during the general revisions, say once in three months, and at other times twice or three times a year, each member bringing to the meetings such work as may have been allotted to him. Each member should be paid, from the first, his actual expenses of attending such meetings, and as the income should increase be paid for his services over and above his expenses, at, say, so much for each meeting attended. The income from the work of such a council would in two or three years adjust itself. The work must be done before it could be copyrighted and offered to the publishers, and then would bring just what it might appear to be worth to publishers—and this might be little at first—for with a council new to their work they might not make very valuable books at first. But ultimately the value of the work to the council, in paying for the labor upon it, would be exactly in proportion to the true merits of the work and its utility to the professions, so that the better the quality of the labor, and the more of this labor bestowed upon the work, the better would the council be paid, and the better the expert labor they could afford to employ upon it. From these considerations it would be very important to this council to have all its members workers, and it should have a means provided for getting rid of members who cannot or will not do their full share of work.

Such is a brief outline of the plan which it is now our purpose to discuss. Points omitted, or not made clear, will be brought out in the discussion, and the faults, which are doubtless numerous, will, I hope, be found out. In a

matter of so much importance I try to hold my own judgment open, for, of course, I cannot be sure that I am right in this movement. And I feel a grave responsibility in disturbing an established result which has been, in the main, so good. Hence it is that I need all the criticism and all the discussion I can get for the subject and the plan.

DR. F. HOFFMANN:—I regard it as important at first, to decide whether the Pharmacopœia should be made a book which should give precise and definite description of the official drugs, and chemical and pharmaceutical preparations, sufficient to insure their identification and quality, so as to afford, even in legal cases, a standard of authority for reference. If the status of the average medical and pharmaceutical education in our country, admits, our Pharmacopœia should retain, as Dr. Squibb calls it, the "skeleton" form, and then be made to approach in scope, and equal in briefness and precision, the best Pharmacopœias of the day, as, for instance, those of Germany, Switzerland, Austria and Sweden. Or else, if we are not yet prepared for such a standard, and a compendion rather than a pharmacopœia proper is wanted, there seems a tendency to prevail to attain to a compromise between the two, so as to make a codex which combines at once the substance of a pharmacopœia, and in a condensed form, the supplementary material hitherto offered for needed information and reference, by the Dispensatory and other commentaries.

This question in regard to the compass and character of our next Pharmacopœia, therefore, appears to me to require due consideration prior to that, by whom and how the work shall be done.

THE PRESIDENT:—I would say that I am entirely in favor of an independent book, which does not lean upon the Dispensatory as it has done in former times; one which is in accord with the most advanced state of the entire profession. I would have a book containing definite and concise descriptions of the qualities of the drugs and chemicals, tests for their purity, etc., with only such details in description as are necessary for the daily use of the physician and pharmacist. I stand by the programme drafted by the Committee on the Pharmacopœia appointed by the American Pharmaceutical Association. One of the amendments to the present Pharmacopœia advocated by that programme is, that the book should give a description of the appearance and qualities of the crude drug, its chemical properties, etc., and all that pertains to it which is of value to the physician and pharmacist. The practical effect in carrying out that plan would be to throw out the secondary list of articles altogether. I would also advocate that measures should be abolished, and weights adopted, and if possible that the metric system should be introduced. Besides, to complete the book, a larger number of tables should be appended, containing, for instance, maximum doses, the comparative value of Troy and metric weights, etc., etc. A book of that kind would be, in my opinion, in harmony with the modern use of pharmacopœias. Of course we have to provide the means of getting a book of this kind, but if the plan suggested by Dr. Squibb be carried into effect, the Pharmacopœia would also pay for the labor expended upon it, after a short time at least.

DR. H. J. MENNINGER:—The first question to be decided is, what incorporated body should produce the book; whether it should be done by the pharmacists alone, or by a combination of pharmacists and physicians? Would the pharmacists be strong enough to control the publication of the Pharmacopœia?

Some seem to think that they are able to do it, but I question very much whether they would be able to do it without the co-operation of the medical profession.

THE PRESIDENT:—For my own part, I do not believe it, nor do I think they would wish to.

DR. MENNINGER:—The American Pharmaceutical Association seems to think that the pharmacists do not have sufficient to say in the matter, and that it is left altogether too much to the medical profession. This is a very important question and should be decided first; and it is also difficult how to decide it. I am strongly in favor of Dr. Squibb's plan for a new departure.

DR. SQUIBB:—There is danger before us in this matter. There is no law in this country to control and support a pharmacopœia, and therefore it can have no legal status. Dr. Hoffmann looks to a pharmacopœia such as those of Europe where they are made by law, and have the force of law. But such we cannot have. The Pharmacopœia may be recognized as scientific authority, but is not recognized in law in this country. The danger is, that unless medicine and pharmacy harmonize, we may have two or more pharmacopœias. Any man or set of men has a right to publish a pharmacopœia. It is true, they would not have the right to call it the U. S. Pharmacopœia, for in name as in text the copyright protects it. If the American Medical Association took the title from the Convention and produced its book first, then the pharmacists would be obliged to call their book by some other name. It would be well, if possible, to prevent such confusion and clashing, by securing harmonious action beforehand.

THE PRESIDENT:—I do not think that there would be any difficulty in meeting that question. Justice requires that both professions should be equally represented. In no case should pharmacy alone have control of the Pharmacopœia; no more should medicine, but they should go together. But I say that the principal part of the book is the pharmaceutical portion. After physicians have decided what preparations should be made officinal, then the pharmacists will have to select the drugs, select the chemicals, devise modes of preparation, state the appropriate tests, and so on; and all of this makes it the most important part of the work. Therefore, I say, that both professions should be equally represented. If the medical profession have the advantage over us, we should let them make the initial move, and then follow. The question as to whether this profession or the other shall have control of the Pharmacopœia, I think is settled.

MR. SCOFIELD:—In view of the fact, that the great medical family was broken up into specialties, and that the medical practitioner who was most noted and best educated could get out the best work upon the practice of medicine, and the most eminent surgeon could get out the best surgical work, why should it not be the case that the learned pharmacists should get out the best pharmacopœia for the profession? Besides, I am in favor of accompanying the work of the Pharmacopœia with the Dispensatory, but I cannot understand how it is that the medical profession should ask the privilege of getting out a pharmaceutical work. It seems to me that the pharmacists could get out a far more valuable book than any part of the medical profession can get out for us.

DR. SQUIBB:—The answer to Mr. Scofield's query is not difficult. The

Pharmacopœia is not a work upon pharmacy. To regard it as such is a mistake which the construction of the word pharmacopœia suggests. The Pharmacopœia is a work upon the materia medica and is the source of, or gives origin to, pharmacy. There could be no pharmacy without a pharmacopœia, no more than there could be a practice of law without statutes or enactments. Pharmacy must be based upon something, and its precept is the Pharmacopœia. The pharmacist has the Pharmacopœia as his guide upon which pharmacy is practised. Pharmacy does not select the substances for a pharmacopœia, nor decide upon their combinations or proportions, but simply prepares them by expert skill for use in the best way, by rules laid down for it in the Pharmacopœia as a standard or law of the materia medica. After the physician gives the combination to be made, then the pharmacist makes it with knowledge and skill. That is his part of the art. Pharmacy presupposes a Pharmacopœia; but it does not make it.

DR. MENNINGER:—Pharmacy, after all, is but one of the minor branches of medicine. The Pharmacopœia should be regarded as the standard for that which may be required by the physician and be furnished by the pharmacist. I do not wish to undervalue, by any means, the labors to be performed by the pharmacists, but I think the relative strength is a matter of minor importance, and one over which there is not likely to be any quarrel, if the men selected by their appointing bodies are competent. For, if they are competent, it would be ludicrous to quarrel with regard to numerical strength. But suppose there is a conflict between the two professions and each gets out a pharmacopœia; to what would it lead? The physician certainly would have the power to indicate which formula he wished his medicines combined after, and we must remember that we are the merchants who supply the orders written by the physicians. The pharmacist may establish a standard, but who will call for it? The demand is created by the physician.

I am in hearty keeping with the plan of the President, that the physician and pharmacist should be equally represented; that neither should assume to be dictatorial in this matter, but, on the other hand, as conciliatory as possible, and the pharmacists will lose nothing of dignity by allowing that we are only a branch of medicine.

MR. RAMSPERGER:—I do not believe that any sensible pharmacist will take away from the physician the right of saying what his prescription shall be composed of, or how large his doses shall be. The pharmacist simply should want the right to say how it shall be prepared, after the physician has said what articles shall enter into the combination and has given the doses. A union of the two professions in this work will bring out a pharmacopœia which will be for the best interests of both.

DR. MENNINGER:—Inasmuch as our Pharmacopœia has no legal authority, I should incline to think that it would be better that it should be a little more voluminous than the last edition. There are many things which might with propriety be added, and still not make it an exhaustive treatise. The present edition is in many respects very brief. We have in only a few instances a supply of tests and reagents given. In some instances the origin of supply could be with great propriety mentioned. I think we should not go over to the metric system in the revision. I prefer the system adopted in the new German Pharmacopœia, where the quantity is designated by parts. I think that is

especially desirable, as sooner or later we shall have to go to the use of the metric system at our prescription counters. Accustoming the apothecary to the use of parts instead of ounces, drachms, and grains, would lead him to form estimates with regard to quantities, irrespective of names, and would be a favorable aid in the adoption, finally, of the new system altogether. I think that the present Pharmacopœia, in the retention of measures, has committed a grave error.

DR. HOFFMANN regarded the competency of the men who do the work as the question of most importance. With regard to how the work shall be done by the council, it should be divided into three parts. There should be chemists to do a certain part; botanists; and third, the pharmacists proper. The entire work should be under the direction of the medical men. All the other Pharmacopœias have been published under the leadership of medical men. It is far more important that the work shall rest upon men thoroughly adapted to its performance, rather than any special number, or certain numbers from each profession.

DR. SQUIBB remarked that the council which had been suggested was not a council to do all the work, but to employ experts. No council of five men could embrace all the knowledge necessary to the formation of the Pharmacopœia, but it might embrace all the knowledge necessary to obtain the services of men who could do the work, and to direct, check, and guard the results.

MR. RICE:—There can be no doubt that when it comes to the real work of making and constructing the Pharmacopœia, the pharmacists will have by far the greatest share of the labor; and while it is perfectly just to leave the leadership and general direction of the work to the medical profession, the pharmacist will in the end not fail to receive the credit for a proper performance of his part of the work.

DR. SQUIBB:—I wish to draw attention to another point, which must not be lost sight of. More than one-half of the pharmacists are merchants only, and there is always danger when mercantile interests control the *materia medica*. Special education and knowledge, such as is naturally opposed to mercantile interests in large profits, should guard all such work, and upon such careful guarding much of the true merit of the work as a standard would depend. Then its true merit and utility would be the measure of its success, no matter whether the council making it should consist of three pharmacists and two physicians, or three physicians and two pharmacists. With my present views of the relations of pharmacy to medicine, as I have just tried to express them, I could under no circumstances go before the American Medical Association with any such proposition as to construct a council of two medical men and three pharmacists, nor with a council of three of each; because I do not regard the interest as being different, nor equal. But I regard the interests as a single indivisible interest of medicine which can be managed without the pharmacist, but can be much better managed with his expert knowledge and skill in the details which belong to his specialty as a medical chemist, and not at all to his specialty as a merchant. It is hard to conceive how there could be much clashing in a small council acting upon a single indivisible interest. The influences of trade and of profits are the only ones to be feared, and as these would be always on the side of the pharmacist, they should be in the minority, for safety to the council and its work.

The danger that each member of such a council might not get public credit for the work he really did, is incident to all such bodies, and cannot be avoided in joint work; but that this should cause serious professional jealousy among men fit to be entrusted with such work I can hardly believe. That the two National Associations should be jealous of the share of credit, justly due to each, is still more difficult to understand, and such jealousy can only be based on the idea of two separate and, to a certain extent, antagonistic interests at work on the same subject, and if this be the true idea, then pharmacy should be left out altogether. I do not believe it is the true idea, do not believe in any antagonism, if the proper men be selected, and therefore fear no such difficulty.

At the close of the discussion, a vote of thanks was passed to Dr. Squibb for his statement of the questions involved; and the suggestion was thrown out to call another meeting of the College for the purpose of exchanging views thereon, at some future time.

The meeting then adjourned.

PROPOSED PLAN

FOR THE FUTURE MANAGEMENT OF THE U. S. PHARMACOPŒIA,
TO BE SUBMITTED TO THE AMERICAN MEDICAL ASSOCIATION
AT ITS ANNUAL MEETING IN CHICAGO, IN JUNE, 1877.

TO THE AMERICAN MEDICAL ASSOCIATION:—

By direction of the Association at its last annual meeting in Philadelphia, the following plan is submitted for assuming the future control and management of the United States Pharmacopœia.

PREAMBLE AND RESOLUTIONS.

WHEREAS, The American Medical Association, as being the only organized body which represents the medical profession of the United States of America, may fairly claim the right to control all the general rights and interests of the profession not controlled by statute law; and,

WHEREAS, "The Pharmacopœia of the United States of America" is among the most important of such general rights and interests, and has not heretofore been under the direct control of this Association, but has been managed by a representative body similar to this, and for the most part embraced in this body, though representing only a small part of the medical profession; and,

WHEREAS, This smaller body, known as "The National Convention for Revising The Pharmacopœia," has given evidence that its

plan of organization, though well adapted to the wants of the profession in the past, is insufficient for the growing necessities of the present and the future materia medica; therefore be it

Resolved, First, That The American Medical Association does, now and hereby, assume the ownership of "The Pharmacopœia of the United States of America." And as the superior representative body of the organized medical profession, does, now and hereby, relieve "The National Convention for Revising the Pharmacopœia" from any farther acts of ownership, control or management of the Pharmacopœia.

Resolved, Second, That the Medical Societies and Colleges, which, in 1870, sent delegates to both this Association and the National Convention, do, through their delegates now present, relieve the officers of the National Convention from the duty of issuing a call for a convention in 1880, as provided for by the last convention; and that any society or college which does not desire to relieve the officers of the convention of 1870 from this duty, and does not desire that these conventions should now cease, be now heard through its delegates in this body; and, that a failure to oppose this resolution at this time shall be construed to signify acquiescence in its object.

Resolved, Third, That the President of this Association notify the President of the National Convention, or his successor, of this action taken by this Association, and request him not to issue a call for a "General Convention, to be held in Washington, on the first Wednesday in May, 1880," as provided for by the General Convention of 1870, and ask him to make his decision in the matter known to the President of this Association. But, if the President of the National Convention, or his successor in office, should fail to reply, such failure shall be construed to mean acquiescence in this action.

Resolved, Fourth, That The Pharmacopœia of the United States of America be hereafter issued only by the authority of this Association; and that it be the only standard for the materia medica recognized by the medical profession of the United States of America.

In considering this preamble it will hardly be doubted that this Association is the only organized body which represents the medical profession of this country, and therefore that it is the only representative under this form of government, of those bodies, which in other civilized nations are statutory, and form parts of the general governments. This country can never have a pharmacopœia as

England, France, Germany, Austria, Switzerland and other nations have, because its form of government refuses to interfere legally, or at least effectively, with the freedom of the people to do as they please with their own health and diseases. That is, the rights of self-government seem to imply the rights of self-destruction, provided this latter be done in a slow universal and popular way by self-medication.

From about 1808 to about 1818, the question gradually forced itself upon the self-constituted medical profession of this country, whether it should continue, as the art of medicine progressed, to drift along without a standard for the *materia medica*, depending upon the standards brought with the literature and the people of the older nations, or attempt to form a national standard of its own. The confusion introduced from abroad by the differences in the imported standards;—the differences in climate, habits and education, which, by causing the health and diseases to differ, rendered the European standards less appropriate to this country;—and finally the growth of a medical profession, and a *materia medica*, moulded upon the conditions of health and disease in a new climate and country, seem, by 1820, to have decided the question, and the present Pharmacopœia then originated in a voluntary organization of a small part of the profession, called together for that sole purpose. This body called itself “The National Convention for Revising The Pharmacopœia.” It had no legal status then, and has none now, and controls and revises the Pharmacopœia by common consent and acceptance of the general profession, and by the powerful influence of work well done. It, however, now owns the current revision by a copyright taken out in the name of its Chairman of “The Committee of Final Revision and Publication.”

This National Convention, meeting once in ten years, has always consisted of a few delegates from a few of the medical societies and colleges of the country, and up to 1840 it consisted of medical men only. In 1840 it invited the co-operation, by delegates of incorporated colleges of pharmacy, and since that time this important element has grown, with the progress of pharmaceutical knowledge, until in the last convention the pharmaceutical delegates were numerous and active, numbering 21 to 39 medical delegates. Under these circumstances, if it be admitted that the Pharmacopœia is one of the important general interests of the profession, and that the American Medical Association is the organization which best,—if it be not the only one which fairly—represents the general profession of the country, then it follows that the American Medical Associa-

tion, and not the National Convention, has the right to control and manage the Pharmacopœia. And it also follows that it is among the most important of the duties and obligations of the Association, and among the gravest of its responsibilities, both to the profession and the public.

That the plan of revising the Pharmacopœia by this Convention has been eminently successful and sufficient up to 1850 or 1860, will not be doubted by any reasonable person, for the testimony of the great mass of the profession will be heartily, promptly and thankfully accorded to this proposition. But that this plan is insufficient now, and likely to be still more insufficient in the future, is, to say the least, highly probable. One of the strongest arguments in favor of this probability is to be found in the circumstance that the success, if not the very existence, of the Pharmacopœia in the past has depended upon the individual ability, energy and enterprise of Drs. Wood and Bache as the authors of the U. S. Dispensatory, and that their services are no longer available. The Dispensatory, the most successful medical book of the age, was a private enterprise of the authors, and has never had any official connection with the National Convention or the Pharmacopœia. But it embraced the text of the Pharmacopœia, as no other book could legally do, and was so necessary to the design or plan of the Pharmacopœia for definition of its meaning and intent, and so essential as a commentary upon it; and was so useful as containing also the British Pharmacopœia and a large amount of collateral therapeutic information, that it overshadowed, as well as embraced, the Pharmacopœia, so that comparatively few persons knew of the existence of the latter as a separate and as the authoritative book. Hence the success of the Pharmacopœia depended on its trustworthiness and utility to the profession, and these qualities were only realized through the Dispensatory and its authors; and they by the pecuniary success of their book were well paid for their labors on both books.

Now, had this condition of things continued it would have been unwise to have disturbed it, and the American Medical Association could not only well afford to waive its right to the Pharmacopœia, but should have lent its full support to the National Convention. Unfortunately for the medical profession, however, Dr. Bache died in 1864, and Dr. Wood became too infirm to continue his labors, and since the revision of 1860 the Pharmacopœia has for the first time been left to stand alone, while the original design of being comparatively useless without the Dispensatory, has been adhered to.

The question then came to be, may not the design be changed so as to make a pharmacopœia that would not need a dispensatory, without changing the organization of the National Convention ; and this question is still open.

If such a pharmacopœia could be made, it must, however, involve the ability and the labor of both pharmacopœia and dispensatory to a certain extent. The last "Committee of Final Revision and Publication" were acting under these precise conditions, and had the necessary ability, but they did not give the necessary labor to the work—or at least the work as done leads directly to this conclusion. Why they did not give the labor cannot be known. But one thing is very certain, and that is, that no set of men, such as are proper and able to perform the duties of this Committee, can afford to give the time and do the work for nothing, and this was precisely what was demanded of the last Committee. It did far more than it could afford to do, and far more than the profession had a right to ask or to accept from it unpaid, but yet failed to sustain the high character of the Pharmacopœia, or to put it upon any self-sustaining basis. Can any future Committee be reasonably expected to do more, or to do as much, without an entire change of organization to some plan that will adequately pay for the ability and labor involved? Or can a transfer to the American Medical Association obtain a new plan which is likely to do better? These are the questions now under consideration. This writer, for himself, answers the first of these questions in the negative, very decidedly; and for the second, sees no way of deciding it without an earnest trial, and believes that a trial of it is not only justifiable, but wise, and proper to be undertaken at this time.

The American Medical Association may, however, well hesitate to adopt this conclusion; and if it be thought unwise to disturb the present plan, it is only necessary so to decide by a negative vote on this preamble, when the whole matter will be allowed to drop without farther loss of time to the Association.

Should it be thought best to modify the present plan without abandoning it, the modifications desired must be developed in the discussion of the subject.

But, should it be decided to accept the propositions of this preamble, then the resolutions will be necessary to carry them into effect.

FIRST RESOLUTION.

The first paragraph of this resolution is a mere plain declaration of ownership based upon an assumed right of ownership which has been already argued.

The second clause, however, is not so easily disposed of. In adopting this portion of the resolution the Association may, though probably it will not—meet with opposition from the officers of the National Convention. This Association, as the superior body, and even embracing the very elements of the National Convention, may relieve it and assume its functions and work, and may even carry these out in its own way, yet the officers of the Convention may decline to be relieved, and may call a convention in 1880, as provided for by the Convention of 1870. There might then be two pharmacopœias, and the practical result of this to the profession would be a conflict of authority and no pharmacopœia at all. Indeed, there is nothing in this country to prevent there being as many pharmacopœias as there are treatises on surgery or obstetrics, except an harmonious agreement in the profession to recognize but one as standard authority. The one which has been so recognized and upheld is now secured by copyright to the superior officer of the National Convention, and neither its name or text could be justly taken without his consent or acquiescence. When the copyright of the present or current revision expires is not known, but it probably does not extend beyond the time of the next convention in 1880. The writer, as a delegate to the last two conventions, has not been able to find out anything about this copyright, and the Committee of Revision in which he served in 1860-61, when seeking information in regard to it from the publishers by resolution of the Committee, was refused, so that all that may be said on this point is inferential. It is certain, however, that the officers of the Convention of 1870, who are charged with the responsibility of calling a new convention in 1880 (see "Proceedings of the National Convention" as published in the present revision of the Pharmacopœia), may, without violation of justice and reason, and in pursuance of an important trust and responsibility, decline to be relieved of this duty without some action that may be acceptable to them as adequate and sufficient.

In a conference upon this point, had with the President of the Convention of 1870, who is also Chairman of the Committee of Revision, and who holds the present copyright, he was understood to say that he could not decline to issue the call for a convention in 1880 when the prescribed time should arrive, namely, May 1, 1879, unless relieved from that duty by authority of the bodies represented in the Convention of 1870, whose delegates had in the Convention, imposed that duty upon him or his successors in office. But that upon being satisfied that he was so relieved by the bodies under

whose direction he was acting, he might decide not to issue the call in 1879, whereupon, the convention would of course fail. Then, should this call be not issued on the first day of May, 1879, the revisions of the Pharmacopœia by the National Convention would cease, and this Association might take up the revisions in any way it might adopt, without conflict, or disturbance in the continuity of the work.

SECOND RESOLUTION.

The societies and colleges referred to and appealed to in this resolution, and which were represented in both bodies in 1870, and which have been generally present in this Association every year since that time, constituted the entire medical representation in the Convention of 1870. That is, with two exceptions, they constituted the entire medical portion of the Convention. These societies and colleges are as follows :

STATE MEDICAL SOCIETIES: 2.

Maine Medical Association.
 Medical Society of the District of Columbia.
 Medical Society of the State of New York.

LOCAL MEDICAL SOCIETIES: 4.

Medico-Chirurgical Society of Louisville, Ky.
 Baltimore Medical Association.
 Massachusetts Medical Society.
 Medical and Chirurgical Society of Maryland.

GENERAL GOVERNMENT: 2.

Medical Department of the U. S. Army.
 Medical Department of the U. S. Navy.

MEDICAL COLLEGES: 14.

St. Louis Medical College.
 Missouri Medical College.
 Jefferson Medical College.
 Medical College of Virginia.
 College of Physicians of Philadelphia.
 National Medical College of Washington.
 University of Pennsylvania.
 Washington University of Baltimore.
 University of Buffalo.
 University of Nashville.
 University of Maryland.
 University of Virginia.
 Medical Department of Georgetown College.
 Women's Medical College of Philadelphia.

These made up the total medical representation constituting the National Convention of 1870. Two of these bodies, namely, the Medico-Chirurgical Society of Louisville, and the University of Virginia, were not represented that year in this Association, but have been since. And one, namely, the Women's Medical College of Philadelphia, has never been represented in this Association, and but once in the National Convention.

In addition to these twenty-three medical organizations, the following eight incorporated colleges of pharmacy were represented by delegates, most of whom were present :

Maryland College of Pharmacy.
 St. Louis College of Pharmacy.
 Chicago College of Pharmacy.
 Massachusetts College of Pharmacy.
 Philadelphia College of Pharmacy.
 New York College of Pharmacy.
 College of Pharmacy of Baldwin University.
 Pharmaceutical College of Harvard University.

These twenty-three medical and eight pharmaceutical organizations made up the entire Convention, and represented twelve States.

In 1850, five medical societies, eleven medical colleges, and two colleges of pharmacy—eighteen organizations in all, representing eight States—made up the Convention; and in 1860, six medical societies, six medical colleges, the Army and Navy, fourteen medical organizations and four colleges of pharmacy—eighteen in all, representing eight States and the general government—constituted the Convention of that decennial period.

Now the object of this second resolution is to relieve the officers of the Convention of 1870, from the duty imposed upon them of calling a new convention in 1880, and there seems to be no way of doing this so completely and so well as to provide for its being done by the very organizations, or a majority of them, which imposed the duty. In order to do this fairly and fully, a copy of this proposed plan will be carefully sent by mail to every delegate of the Convention of 1870, so that the bodies they represented may be fairly notified beforehand, and in time to organize an opposition to this resolution, or to the entire plan, should they so desire, when it is presented to this Association at Chicago, in June next. But should a majority of these organizations fail to offer opposition to this resolution when presented, such failure, after this

notification beforehand of its significance and force, may be fairly and justly construed to mean acquiescence.

Should there be no opposition, or only an opposition of a minority of the Convention of 1870, it seems highly probable that the officers would accept the proposition, and would agree not to issue the call.

THIRD RESOLUTION.

This resolution explains itself and merely carries out the object of the second resolution. Should the President of the National Convention, or his successor, decline to be relieved from the duty of issuing the call, he must do so by a reply to that effect. Then the President of this Association would report this answer at the meeting of 1878, when the Association would decide whether to carry out its plan independently of the action of the officers of the Convention of 1870 or not. If it should then decide to carry out its plan, and this decision should be concurred in by the delegates from the bodies hitherto represented in the National Convention, or by a majority of them, who will now come up to this Association in 1877 prepared for this issue; then a call for a new convention in 1880 must fail if made, because the bodies called upon are all parts of this Association, and if in favor of its plan, would not send delegates to the old organization; and because there are no organizations in this nation, outside of this Association, which could fairly represent the general medical profession, to respond to such a call.

It is hardly to be supposed that the officer in charge of the interests of the National Convention would fail to respond promptly and decisively to any communication from the President of this Association, one way or the other. Yet to avoid the possibility of a failure which would embarrass this Association, and might delay its final action beyond the annual meeting of 1878, it is thought better to make any such failure to be construed into acquiescence by fair and due notification to that effect within the resolution.

FOURTH RESOLUTION.

The question of competency being assumed as settled, this resolution declares that the *Pharmacopœia* shall hereafter be issued only by the authority of this Association; and that when thus issued it shall be the only standard for the *materia medica* that will be recognized by the medical profession of the United States.

This resolution, if adopted, gives all the authority this body has the power to give. This authority is greater than that of the Na-

tional Convention, because this Association is greater in its representative capacity. Beyond this, however, no authority would be needed, or would be of much avail to save the standard from failure, if it did not deserve the authority claimed for it. No work of this kind can, in this country, long maintain an authority which it does not merit; and every work of this kind will be, sooner or later, accepted and sustained as authoritative, without strain upon its enabling source, just in proportion to the amount, accuracy and utility of the knowledge it supplies. This has been well illustrated in the Pharmacopœia itself. Up to 1860 inclusive it was accepted as the best attainable authority, and was received and respected as such. But the revision of 1870, though its authority is the same and its organization unchanged, has already, within three years of the time of its publication, lost so much ground as to make some movement of reform imperative.

Hence, if this Association should assume the ownership and control of the Pharmacopœia, and should fail to produce a good one; and after producing a good one should fail to maintain its relations to the progress of the materia medica, by constant care and labor, no authority inside or outside of the Association would avail to save it from failure. There is in this country, through defective teaching of the materia medica in medical schools, a growing tendency to anarchy and confusion, and that worst kind of empiricism, which is based on the incomplete observations of imperfectly trained faculties in medical men. It is the object of the Pharmacopœia to prevent such anarchy and confusion in the materia medica; and it is probable that nothing does more to prevent it than a strong and good pharmacopœia, kept well up to the true progress of the time, while nothing tends more toward therapeutic confusion and empiricism than a weak pharmacopœia, revised at intervals so long as to perpetuate errors of observation and research against the influence of modern progress.

This preamble and resolutions, if adopted now, and carried into effect by the time of the annual meeting of 1878, will establish the ownership and control of the Pharmacopœia in this Association, and then the preamble and resolutions should appear among the "Ordinances" of the Association.

Then, having assumed the ownership and control, it will be necessary to provide for its proper management in the "Plan of Organization" of the Association.

The Association is not only a migratory body, but its elements change materially from year to year, while this pharmacopœia interest should be as fixed and as permanent as possible, because those who have it in charge must train themselves to the special work, and then keep themselves up to the progress of the time by continuous labor in that special direction. And the longer such persons serve at the work the easier it will be for them to do it well, and the more valuable will their services become to the Association, to the public, and to the work itself.

Under these circumstances, it is here proposed to delegate the entire control and management of the Pharmacopœia to a council to be formed for the special purpose, to be called the Pharmacopœial Council of The American Medical Association, and to provide for this council by a new article of the by-laws to follow the article on the Judicial Council.

To provide properly for this the following resolutions would be necessary :

Resolved, That article XII. of the by-laws on "New Business" be placed next after article X. "Of the Previous Question," and be numbered XI., and that the present article XI., "Judicial Council," be numbered XII., instead of XI.

Resolved, That the by-laws of the Association be amended by the introduction of a new article, to be as follows :

XIII. PHARMACOPŒIAL COUNCIL.

There shall be a council established, to be called "The Pharmacopœial Council of The American Medical Association," for the sole purpose of taking the entire charge, control and management of "The Pharmacopœia of the United States of America," under the ownership and supervision of this Association, and for the benefit and interest of the general medical profession, as represented in this Association.

This council may obtain for itself an act of incorporation from the Congress of the United States, if such incorporation should be found by the council to be necessary or useful in the prosecution of its work.

This council shall consist of five members, who shall be obtained as follows :

First—A President, who shall be nominated and elected as prescribed for Permanent Secretary, and who shall hold office on the same tenure and conditions ; except, that it shall be competent for the

Nominating Committee to present a name for a new President at any annual meeting of the Association, either of its own motion, or at the written request of any three members of the Pharmacopæial Council; addressed to the President of the Association.

Second—The Surgeon-General of the U. S. Army, and the Surgeon-General of the U. S. Navy, shall each be invited in the name of this Association, by its President, to select and appoint a suitable officer from each medical corps, to serve as a member of this council, and to accredit such officer to this Association as one of the four delegates from each medical corps.

In case either or both the Surgeon-Generals should decline this invitation, or in case either or both should, at any time after appointing, withdraw their representatives from this council without appointing successors, it shall be competent for the President of this Association to fill such vacancies from the members of the Association until the next succeeding annual meeting. Then such vacancies shall be filled by the Nominating Committee and the vote of the Association, as provided in the case of president of the Council.

It shall be competent for any three members of this Pharmacopæial Council at any time to make a written request to the President of this Association to have either of the members, herein provided for, removed from the Council and replaced by another selection and appointment; and upon receiving such a request, the President shall communicate it to the Surgeon-General concerned in it, and support it, if, in his judgment, it be for the best interests of the Association and the medical profession.

Third—The President of this Association shall, by a communication to the President of the American Pharmaceutical Association, invite that Association to be represented in this Council by two members selected from that body in the same way that the President of the Council is selected by this body, and to accredit such members, so elected, to the President of this Association to serve as councillors.

In case the American Pharmaceutical Association should decline this invitation, or, in case after electing it should withdraw either or both its representatives without electing successors, it shall be competent for the President of this Association to fill such vacancies from the members of this Association until the next succeeding annual meeting. Then such vacancies shall be filled by the nominating committee and the vote of the Association, as provided in the case of President of the Council.

It shall be competent for any three members of this Pharmacopœial Council, at any time, to make a written request to the President of this Association to have either of the members herein provided for, removed from the council, and replaced by another election; and upon receiving such a request the President shall communicate it to the President of the American Pharmaceutical Association, and support it, if, in his judgment, it be for the best interests of the Association and the medical profession.

It shall be the duty of this Council, as soon as the means at its command will admit, to select and appoint a qualified expert as Actuary of the Council. This officer shall perform the duties of Secretary and Editor, and shall devote his entire time and services to the Council under the direction of its President, but shall have no vote.

The Pharmacopœial Council thus constituted, shall organize at the call of its President, and make its own regulations and by-laws, and three members shall constitute a quorum. When duly organized, it shall hold the copyright of the Pharmacopœia in trust for this Association, and shall expend the income from the copyright in payment of the services and expenses of the council and the experts it may have occasion to employ; but shall incur no expense which cannot be met from the proceeds of its own work. It shall make a brief summary report of its proceedings annually to the Association in the manner prescribed for standing committees.

PRECEPT OF THE COUNCIL.

It shall be the sole duty of the Council to make, revise, publish and control the Pharmacopœia in trust for this Association, substantially in accordance with the following instructions.

The title shall be

THE PHARMACOPŒIA

OF THE

UNITED STATES OF AMERICA.

—Revision.

ISSUED BY AUTHORITY OF

THE AMERICAN MEDICAL ASSOCIATION.

Revised—18—.

Published—18—.

PLACE OF PUBLICATION.

PUBLISHER'S IMPRINT.

And no other matter shall appear on the title page.

On the second page, or reverse of the title page, the notification of copyright shall be placed.

The third page shall be occupied by the title of the Council; the name and address of each member of the Council, and of the Actuary; and any brief notice the Council may have to publish in regard to its official duties.

On the fifth page the preface shall be commenced, this to be followed by a table of contents.

That pharmacopœia is the best, which is of most use to the average physician and pharmacist on the day in which it is used; not of most use in that high degree of conservatism, which rejects all that has not drifted into universal application, nor of most use in catering to the common appetite for novelty and polypharmacy; but in equally guarding against both extremes.

A pharmacopœia for the present and future should not only embrace the established materia medica, but practically the whole materia medica. It should not only be a standard of quality, composition and strength of the old, but also a standard of knowledge for that which is new in advancing the art of medicine. Its object should not be original research, but to examine, and epitomize, and record the results of current research in a form adapted to current use, and to separate the good from the bad. Such a plan embraces fully the Pharmacopœia of the past, but adds to it an element which the progress and fertility of the age has now come to demand.

The Pharmacopœia should no longer be of the character of a catalogue, dictionary, and formulary. It should aim at a clear and complete separation and identification of that grade or quality of each substance, which, only, is to be used in medicine; and as the sole authorized standard of a large profession, involving an important public interest, the greatest accuracy of observation and expression should be attained. No testimony should be accepted without close scrutiny, nor any trustworthy information be disregarded.

In striving for its general object of greatest practical utility to the greatest number of persons, it must necessarily deal with a great variety of substances, simple and compound, old and new, well-known and little known, permanent and ephemeral. Such differences naturally tend to divide these substances into two classes, requiring very different treatment.

First, Those which have attained to an established character and common use through prolonged experience; and which, from the universality of their application, are of primary importance; and,

Second, Those of more recent origin, and not established character; of which much less is known, and of which it is very desirable to know more, lest they be lost through imperfect or unreasonable representation and misapplication whilst in the condition of fashionable novelties.

The first class constitutes the standard Pharmacopœia proper; but the second is scarcely less important in modern times, because it is the basis of supply and progress to the Pharmacopœia proper, and as such, should no longer be left unorganized and uncared for by the Pharmacopœia interest.

Substances belonging to the first class should remain practically unchanged, or be changed only with great caution and for undoubted reasons. The only thing to be undertaken with this class is to improve the accuracy of composition and description; to throw around its substances greater safeguards as advancing knowledge enables this to be done; and, from time to time, discard from and add to the number, as advancing knowledge may disqualify or qualify, substances for this class. As the more permanent part of the Pharmacopœia this class should be revised once in five years.

Substances belonging to the second class require equally to be treated of, but in a very different way. The pharmacopœial interest in them requires that they be taken from the current literature as early as practicable, their nature and character ascertained, the testimony concerning them collected, discriminated and epitomized, and whatever is most trustworthy and most probable concerning them be presented in a compact form for easy habitual reference, in order to give direction and definition to their application while on trial for admission to the more permanent part of the materia medica. The professional testimony in regard to these novelties often accumulates rapidly, is generally confused, and often conflicting, irrational and sensational, and to examine this critically and present the results as they may be reached, will require continuous labor and frequent publication. Hence, this second class of substances cannot properly be associated with the first, but must be the subject of another volume, to be issued and revised annually.

The title of this volume shall be

THE EPHEMERIS OF
THE PHARMACOPŒIA

OF THE
UNITED STATES OF AMERICA.

For the Year—

ISSUED BY AUTHORITY OF

THE AMERICAN MEDICAL ASSOCIATION.

Revised— 18—.

Published— 18—.

PLACE OF PUBLICATION.

PUBLISHER'S IMPRINT.

The second and third pages should be uniform with the Pharmacopœia, and a preface should follow on the fourth page. The size of page and style should be the same as the Pharmacopœia, but the paper and binding should be inexpensive in proportion to the ephemeral character and frequent revisions of the book. This Ephemeris should be published annually, and should be ready for issue during the last week of each year.

It should aim to embrace all the prominent substances and compounds of the current and unstable portion of the materia medica, with the object of giving the most correct and trustworthy information concerning them that is attainable at the time of the revisions. This work should be done in such a way as to serve as a rational guide to indicate the rejection, or the more or less cautious application of novelties in the materia medica, with the ultimate object of saving the good, condemning the bad, and placing that which is doubtful under conditions favorable to a discriminating trial.

The book should be simply regarded as an organized means of presenting to the professions of medicine and pharmacy a periodical summary of important and useful information, upon which more accurate knowledge may accumulate in a more methodical manner in the future than in the past. Its authoritative connection with the Pharmacopœia, as coming from the same source, and as the basis of future revisions of that book, should give it a standard character, and will command for it an influence proportionate to its unbiased truthfulness, and the amount of trustworthy information it supplies.

REMARKS UPON THE PROPOSED COUNCIL AND ITS PRECEPT.

Provision in the "Plan of Organization" of the Association for carrying on the work of the Pharmacopœia might come either under the head of the "Regulations," or "By-laws."

Preference is here given to the latter place, because it seems appropriate that it should follow the plan already adopted in the establishment of the "Judicial Council," since it is quite in harmony with the action in relation to that council.

The first resolution places the present article on "New Business" next after that on the "Previous Question," because it is not inappropriate to that place, and because as a small article it would be of more easy access there, and less liable to be overlooked than if at the end of the voluminous by-laws here proposed.

The next resolution creates and sets forth the new article "XIII., Pharmacopœial Council," and the whole is proposed as one by-law, as in the case of the "Judicial Council."

The first paragraph of the proposed by-law in regard to title, object, trust and responsibility of this Council, explains itself.

The second paragraph authorizes the Council to obtain an act of incorporation, if necessary. This Council may hold its property, such as copyrights, books, records, etc., as they accumulate, in the name of its president as an individual, as has been done hitherto under the National Convention. But as the president, as an individual, is liable to be changed by death, resignation or removal, and as president of an unincorporated body, has no recognition in law, it is probable that an act of incorporation for such a Council would be desirable, if not necessary, in order to secure the interests of the Association in the copyrights and other property. The legal status acquired by an act of incorporation would simply put the Council in a position to protect and defend its copyrights and other property, and enable it to make lawful contracts and enforce them.

The next paragraph, which makes the Council to consist of five members, has been the subject of much consideration and consultation. Various numbers, from three to eight, have been thought of, and on an hypothesis of each number, a scheme or theory for the work has been discussed, and the proposition in its present form is the neat result arrived at, from the following prominent considerations:

The work, though laborious and voluminous, is continuous, and thus would not exceed the capacity of two industrious men trained to such work. About one-half of the work is literary research and

reference, and the summing up and arranging of abstracts from current literature. The other half is clerical and operative; about one-half of this, perhaps, being expert laboratory work.

Whatever might be the number composing the Council, this second half of the work would, of necessity, devolve upon a president and actuary, because the duties involved are executive and manual, and, therefore, must be localized and uninterrupted. That is, they must be done continuously at some fixed place of business accessible to contact and correspondence. A large proportion of this half of the work is provided for outside of the Council proper, by the office of actuary, whose time is to be devoted entirely to the work. Hence, a well-trained expert actuary, after a few years' experience, would be capable of doing half the work, including all the manual or operative laboratory work, and a large part of the clerical work. This would leave for the Council proper, the other half of the work, of which the president, as executive officer, must, of necessity, do a pretty large share. And if the president devoted his entire time to the work, with sufficient ability and industry, he and an actuary could do it all. But there is probably no president accessible to this Association who could give up the whole, or one-fourth of his time to this work, and, therefore, at least three-fourths of the first half of the work must be done by other members of such a Council, and such an amount could not fairly and reasonably be expected from a smaller number than four men. Hence the labor has been adjusted to five councillors and an actuary.

But the most important function of such a Council has yet to be alluded to, namely, the sitting in judgment, or in council, upon the details of so important an interest, and the question here comes up as to how many of such men as are available to this Association, are necessary to the deliberative or judicial duties of such a Council, to secure a high degree of soundness and of wise discrimination in the character and quality of the work; and how many are necessary to give that diversity of character, of knowledge and of experience and taste, whose average makes up sound judgment. No such result can be expected from a very small body, because it cannot contain the elements necessary; while in large bodies the difficulties of harmonious agreement and action, increased by the difficulties of securing prompt attendance at meetings, overbalance the advantages of greater aggregate ability.

Again, the income from their work, if it be well done, will, within a moderate time, pay a few men for the time and labor they give, but would not pay a large number of men.

Again, it is extremely important to the best interests of such a Council that there should be a just relation between the value of the labor and the vote of each member. That is, if the votes be of equal value the labor should be equal as the only basis for such value. This relation is much harder to obtain in large bodies than in small. The larger the number the more there will be to go to the meetings and vote on insufficient grounds, thus weakening those votes which are based on greater labor. In such a body there should be no one who does not work earnestly and actively; and such work only, brings the knowledge how to vote aright, and makes all votes of equal intrinsic value. Then, only a few such votes are necessary to good average results.

Small bodies are apt to be arbitrary, dogmatic, self-sufficient, and stubborn—that is, are apt to partake of the character of single individuals, and to lose the advantages of counsel. Large bodies are apt to be inharmonious and to spend much time in unprofitable discussion; and are more liable to an illiberal minority in proportion to their size.

It is not pretended that five is the exact number which avoids the two extremes, but it is a number which seems to divide and balance well, and to be sufficiently near the proper number to justify a trial. If it should be objected to, the objection will probably be that it is too small to embrace the requisite ability and experience; and too small to represent the professions which are so large. Such objections may be met in the fact that no manageable working body of reasonable size could possibly embrace the ability required. Scientific experts must be freely applied to for special knowledge, under all circumstances, and five, perhaps, as well as any other number, is sufficient to select and employ the proper experts, and to apply their work to this peculiar interest. And, in regard to representation, any attempt at either sectional or numerical representation of two professions like medicine and pharmacy in this country, would make an unwieldy body, whose members would be scattered at such distances that they could rarely, if ever, be got together, and could never be satisfied. Such an attempt was made in the construction of the last Committee of Final Revision and Publication by having fifteen members, but the result was that a large majority of the members were never present at any of the meetings, while about five of the members did the whole work.

Next, as to the construction of a Council of five. The professions of medicine and pharmacy are inseparable in a *pharmacopœia* and it seems irrational to try to draw a dividing line. Pharmacy is

but one of the specialties of medicine, and bears a closer relation to general medicine than any other specialty. No specialty of the whole aggregate art of medicine can be practiced without pharmacy, and yet pharmacy is embraced in the art of medicine as essentially as is gynæcology or surgery, and it can not only be practiced by, but can no more be avoided by, the general medical man than can gynæcology or surgery. But it happens that from being the first and oldest specialty which grew out of medicine, that it has erected itself into a special art or profession, and shows a tendency to claim independence of the medical profession, and a co-equality.

To appreciate how unreasonable such a claim would be, if ever seriously made by pharmacy, it is only necessary to remember that medicine, in order to do without pharmacy as a profession, has only to compound and dispense its own remedies to its own patients—a thing entirely practicable and quite within the scope of medical education, whenever such education approaches to completeness. But how would pharmacy do without medicine as a profession? For whom would it compound and dispense? Its wares would then be simply merchandise, and the pharmacist would be simply a merchant, and would need no other training. If, therefore, there could be no pharmacy without an art of medicine striving to maintain health and mitigate or cure disease, and if the pharmacy necessary to this end be practically attainable inside the medical profession, how shall the art of pharmacy ever become either co-equal with, or independent of, the art of medicine? If not co-equal with, it must be either superior or subordinate to the medical art; and subordinate it certainly is, and this with a dangerous tendency to the mercantile bias.

But, on the other hand, taking the condition of the medical art as it is, rather than as it might be, with medical education in therapeutics loose, and inclined to polypharmacy and a low grade of empiricism, the chemistry and physics of the *materia medica* neglected, and the *materia medica* almost bodily handed over to pharmacy as a part thereof, and without due check upon the mercantile bias, how now, can medicine do without pharmacy? The answer here seems equally plain that it could not do without it at all, and that it would be very unwise to attempt it, unless pharmacy, acting as a separate profession, should force the irrational and unnatural discord.

The natural order then must be that the art of medicine, to be of any use to mankind, needs a *materia medica*; that the *materia medica* needs a *pharmacopœia*; and that a *pharmacopœia* necessitates

pharmacy; and finally, that pharmacy has so aided the art of medicine by skill and knowledge as to have become an indispensable part of the art. When action and reaction are so close, the greatest attainable harmony should prevail, and subordination should not be construed into injurious inferiority.

From these considerations this council of five is proposed to be made up of three physicians and two pharmacists; and when, after a few changes perhaps, the proper men may be found, and get into the special training, there need be little doubt of harmonious action, or of an equitable distribution of the honor that must accrue from so important a work if well done.

The primary object of the invitation to the Surgeon-Generals of the Army and Navy to make two-fifths of this council, is, of course, to give the National Government that place in an important national interest to which it is justly entitled, and to ask from it its fair share of the responsibility, labor and support. In all other civilized nations this interest is wholly under governmental control, and done by national authority. Hence it seems eminently proper, if not necessary, that the General Government should be respectfully and earnestly invited to the work, whether it be likely to accept the invitation or not. It must not be forgotten that the Army and Navy Corps are not now the only medical corps of the General Government, but that there is an active Marine Hospital Corps organized under the Treasury Department, which on the principles above alluded to is equally entitled to a representation in this council, and the reason why it is not embraced in the invitation is, that it would make a larger council necessary in order to keep the balance of representation and interest adjusted to suit the order and arrangements of this plan. For example, to preserve this balance now attained by five councillors, if three came from the General Government, two at least should come from this Association, and three from the American Pharmaceutical Association. This would make a council of eight, the number first thought of; but the reasons and arguments against so large a council—some of which have been stated—became so important as the plan was developed, that it seemed almost imperative to have the smaller number, and thus leave out this important branch of the General Government medical service, because it was the smaller of the three corps. Beside, it must be remembered that this invitation is not an honor or a preference proposed by this Association as a mere compliment or courtesy to the heads of the two medical corps, but a very serious proposition, which involves so much responsibility and labor that it will

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require about one-fourth of the time of two of the best medical officers that can be selected, and that such officers shall train themselves specially to the work. It need not be feared that the Surgeon-Generals are not awake to the importance and responsibility of this work, or that they will not at once realize the importance of the share of it proposed to them, for there is no parallel in this country of a body of medical men so sound in their therapeutics, so careful of their *materia medica*, so loyal to the *Pharmacopœia*, or so systematic or successful in practice. The chief benefit that will accrue to the General Government in accepting a share of this work is, that in a *pharmacopœia* the health interests of the officers and men upon whom the nation relies in time of danger are seriously involved, and therefore the nation must see to it that a good *pharmacopœia* is provided, if it carries out the principles applied to food, clothing, arms, ammunition, etc., and may well spare the time of two officers to support, protect and watch over the national part of this important interest. Beside, the General Government must support the general good of the profession at large, from which its supplies of both medical officers and material for their art are continuously drawn. Such reasons, and many others, are familiar to the heads of these medical corps, because their chief duties are based upon such considerations, and it is therefore confidently expected that, should this Association extend this invitation to them, it will be favorably received, and in the full light of all the implied responsibility. And that if officers should be detailed to this work, they will be most carefully selected.

The advantage to this Association of having such members in its council would be very great. First, the officers of these corps are selected from the best educated men of the profession by a competitive examination, which is thorough and comprehensive, and which makes a special point of *materia medica* and pharmacy. The officers thus selected when in the service are kept, by their duties, far better posted on *materia medica* and pharmacy than other medical men, because they have continual personal contact with, and control over, their own supplies and the dispensing of them. That is, they are, to a far greater extent than any other body of medical men, their own pharmacists, and oftener compound and dispense their prescriptions with their own hands, by proper means liberally supplied. They are furnished with standard medical supplies, and know them by handling them, and by being held responsible for their character. They are generally sound men with clear heads, and moderately free from bias,—always free from mercantile bias,

and generally free from both medical and pharmaceutical politics. To get a careful selection from such a class of men would be an important advantage to this proposed council, and would afford a conservative balancing element which could be depended upon at all times.

Besides this, each of these medical corps has a laboratory; the one a chemical laboratory, an important part of the work of which has always been the examination of medical supplies. The other has a pharmaceutical laboratory, in which a large proportion of the medical supplies are made, and the remainder supervised and examined. Both these laboratories are in charge of medical officers, carefully selected for the work.

Again, both corps have valuable medical libraries, and are well supplied with current periodical literature; and it is not unlikely that both the laboratories and the libraries could be used to a moderate extent by the officers of the corps in doing their share of the council work, thus making their work easier to them and more valuable to the council.

- The invitation to the American Pharmaceutical Association to take two-fifths of this council is very important. The advantage to such a council, of two well selected pharmacists, can hardly be overrated, especially in regard to their judgment upon pharmaceutical processes, and in proving the work of the council by actual trial in their practice. It seems a little doubtful, however, whether the Association will accept such an invitation if tendered—not for want of a hearty willingness and earnestness to co-operate in the work, for that profession fully recognizes the importance of a good pharmacopœia, and has never been backward in working for it with all its strength in the past. In a preliminary discussion of the subject at the last annual meeting of that Association, when an outline of this plan was presented, a resolution was passed with great unanimity and spontaneity, signifying its readiness and heartiness in co-operating with the American Medical Association in the work. But several prominent members spoke in a tone of dissatisfaction in regard to that Association having only a two-fifths representation in the council. One-half was as little, as the speakers thought equitable, and as there could not be a half of five, this would involve enlarging the number of the council. It did not seem sufficient to state that such a council could not be formed on the basis of any numerical representation, and that it was not intended to be a numerically representative body at all, but simply a body constructed so as to do the work in the best way with the fewest possible members and the

least possible machinery. The impression seemed to be that the pharmacists were most important to the council and would have most of the work to do, and, therefore, ought to be in at least equal numbers to do it. The fact that an expert was provided for in the actuary, to do most of the manual and laboratory work, under direction of the council, did not seem to be taken fully into consideration. At any rate, the tone of the discussion did not seem to indicate an altogether satisfactory reception of the proposition for a two-fifths representation in the council, though in other respects the plan was not unfavorably received. That the same representation and strength in the council that was proposed for the general government, should seem rather unsatisfactory, when the American Medical Association proper only proposed to itself half that, or only one-fifth, took the writer by surprise, and seems a little unreasonable. The subject was presented to be laid over for one year, as in this Association, and will come up again at the next annual meeting, which meeting occurs in September, or three months after the meeting of this Association when this plan is to be acted upon. It is hoped that when the members of the American Pharmaceutical Association shall have had time to examine this plan more thoroughly as presented here—for this pamphlet will be sent to as many members of that Association as can be readily reached—this feature of it will be more favorably received. And yet this Association should hold itself prepared to have its invitation declined by that Association.

This American Medical Association cannot safely or wisely touch this pharmacopœial work at all, unless it be with a well considered and firm purpose to carry it through and to do it well; and as these invitations to the General Government and the American Pharmaceutical Association are liable to be declined; and if accepted are liable to be interrupted, because beyond the direct authority and control of the Association, it seems, therefore, necessary to provide, in the organization of the council, against any miscarriage of the work by the failure of the contingent portion of the plan. The plan must be adopted before the invitations can be given, and the invitations must be given before they can be either accepted or declined. And the plan, once adopted, must not be left to a chance of failure through the unexpected loss of co-operation from the outside sources appealed to for aid. Hence it seemed necessary to provide in the organization for the Association undertaking the whole of the work itself if unable to get the assistance it seeks for, by enabling the President of the Association to fill these places if vacant from any cause.

Next, it is very important that this council should be harmonious, and be composed of the right material, and no judgment or decision on this point can be equal in value to that of the council itself. It is therefore provided that any three members—that is, any quorum of the council—may in a prescribed way apply for and obtain a change in any of its members. It might be presumed that any member of such a body, on finding the work distasteful to him, or on finding himself out of harmony with his fellow members, or disinclined to do his share of the work, would voluntarily resign his place, or at least would be induced to resign by action taken inside the council itself; and such would commonly be the course of events. But in exceptional cases a member might fail to be convinced that he was out of harmony, or that his work was neglected or badly done, and might fail to resign from action taken within the council, and therefore a way is provided to have such members changed and their places supplied by a new selection.

It is hardly probable that with all the care that could be taken in selecting, such a council could be properly made up on the first trial. For two or three years resignations and changes might be confidently looked for. But in time the proper material for harmonious and equal work would get together and become permanently adjusted.

Should the Association adopt this plan, or any modification of it, at the meeting of June, 1877, the President of the Association would at once notify the Nominating Committee of the action, and direct the Committee to bring in a name for president of the council, which name would be either accepted or rejected by the Association by vote. When the proper officer shall have been selected and elected, he should be charged with the duties of the office, and be directed to carry the by-law into effect by resolution, as follows:

Resolved, That the President of the Pharmacopœial Council be, and he is hereby directed, to carry into effect the provisions of the by-law establishing a Pharmacopœial Council, so far as he may be able, and report the result at the next annual meeting of the Association in 1878.

This would start the by-law at once into operation by giving to it an executive officer, and then by the meeting of 1878 the organization of the council might be effected, or the obstructions to its organization might be known and be presented to the Association.

As soon as practicable after the adjournment of the meeting of

1877 the newly elected President of the Association would address the President of the National Convention, as provided for by resolution, and would issue the invitations to the Surgeon-Generals, and the President of the American Pharmaceutical Association. By the end of September, 1877, he would doubtless have replies to all these communications, and would notify the president of the council of the result. If this result should be favorable to the plan the council could then organize and begin its preparations for work; or perhaps could fairly begin work before the next annual meeting if all went on smoothly.

But if the result should be unfavorable to the plan, the by-law could not be carried out, and the whole subject would have to await the action of the Association in forming a council in 1878, through its Nominating Committee.

Such delay would not materially damage the interest involved, because it might reasonably be expected that even a new and untried council could accomplish the work contemplated within two years, although the Committees at the last two revisions took a longer time than this. Two years would bring the time at which the work might be ready up to 1880. The conditions of sale of the copyright of the present revision are not known, but it is probable that the book is secured to the publishers until 1880, and it is possible that it may have been sold for ten years from the date of publication in 1873, when it would be secured up to 1883. In this latter case the delay would be a serious matter, but it would enable the work to be well done. It would, however, only delay the publication of the revision of the *Pharmacopœia* proper. The *Ephemeris* if ready by 1880, or at any time, could be copyrighted and published, and be revised each year thereafter, and thus serve its purpose independently of the *Pharmacopœia* proper, until the latter should be accessible to the council.

The paragraph in the proposed by-law which directs the council to appoint an actuary as soon as its means will admit, points to the fact that the council will have no means to pay such an officer, or indeed, to pay any expenses until it has its work, or some part of it, ready for sale to the publishers; and is intended to indicate that such a council should never, under any circumstances, go in debt. The true purport of it is, therefore, that it should do the work itself until the income from its work should enable it to employ this expert skill. The duties then would naturally fall heavily upon each member at first, and especially upon the president, who would be

editor, secretary and general operator for the council. This, however, would be excellent training for such a body, and would accumulate for them a knowledge of their work very rapidly, since effective knowledge is always proportionate to the amount of well-directed labor. It will be easily seen that there are no sinecure places provided for in this council; and those who fully comprehend the labor and responsibilities involved will not be likely to seek for service upon it. In this case, at least for the first few years, the offices will have to seek the men, for there will be no rush of office seekers. At least, no one fitted for the duties will want the places, and the Nominating Committees will doubtless have difficulty in inducing the proper men to serve. But if the work be well and thoroughly done it will be proportionately successful, and then both honor and profit will accrue from it. That is, if honor and profit be well earned they will be sure ultimately to be well paid by the sale of the books, but they must be earned first.

The paragraph directing the organization and support of the proposed council needs no comment, except, perhaps, to direct attention to the fact that the finances of the Association are duly protected against any demands from this sub-organization. Whatever it may turn out to be in the way of success or failure, the intention is that it shall cost the Association no money.

Next, the precept of the council comes up for review and explanation. This is intended as a standing order of the Association to its council, for the purpose of preserving a clear and definite outline of the work. If the writer has been moderately successful in drafting it, it should be so plain as to need but little comment. The fault is, that as a precept it is too voluminous for a by-law, yet the necessity is, that it should be exceptionally comprehensive in order to secure a fair understanding of the new scope and the new features, now, for the first time, sought to be introduced into a national pharmacopœia. It should be clearly recognized that these features are innovations,—are new departures from the beaten track, and hence, the question at once arises, Are they necessary? Are they justifiable or wise? Are they practicable, and if so, are they likely to be useful? That the writer, with a fair knowledge of *materia medica* and pharmacy—with some experience in the wants of the medical profession, and a very moderate knowledge of the Pharmacopœias of the prominent European nations—should, for himself, answer all these questions emphatically in the affirmative, does

not, by any means warrant this Association in taking that ground without careful deliberation and great caution. Such bodies can far better afford the risks of ultra conservatism than ultra reform. They must beware of that sensational enthusiasm which is so much more apt to propose than to carry out; and the ingenuity of whose plans so often passes for utility until tried, and then ends in disappointment.

The first paragraph of this precept is intended to limit the duties of the council.

The second paragraph fixes the title of the Pharmacopœia, without alteration from the past, except in minor details, and the authority; and then a definite direction is given for the first five pages.

Next follows the design, or outline plan to be adopted for the future, and be systematically adhered to in principle, and filled out in detail by the council. The principles of the standard, or primary part of the Pharmacopœia of the past are adhered to, but are improved upon and extended, and all useful, positive, and compact information is to be admitted at the discretion of the council, and the formulas and processes are to be filled out so as to be more easily followed in practice, and to need no dispensatory or other commentary. The lists are to be kept better up to the time, and the standard revised every five years, instead of every ten years as heretofore. Thus the changes contemplated here are more in detail and scope than in plan, though the secondary list should be abandoned, and the separation into *materia medica* and preparations should give way to a single alphabetical order, embracing the whole contents.

It is, however, to the extension of the pharmacopœia idea, so as to embrace the *materia medica* of the ephemeral present, as well as that of the established past, that most attention is due, since this is the greatest innovation—the greatest departure from established usage. In the current medical literature new articles of *materia medica* are constantly being brought forward upon various representations and with various pretensions, and go drifting along at the mercy of chance, preyed upon by cupidity, and too often swallowed up by gross empiricism and quackery. Were there some organized means of picking up from this large class of substances the waifs of promise, and of properly characterizing those which give no promise, how different might have been the career of such articles as Cundurango, Nitrite of Amyl, Missisquoi water and mud, Pepsin, Witch-hazel, the Oleates, Damiana, Salicylic acid, and a hundred other articles of the past ten years. Some of these have drifted to

perdition, and others into confused hap-hazard use and abuse. Some have proved valuable and had their value impaired by cupidity, while others have proved worthless; but neither the good nor the bad results were ever reached with proper promptitude or definiteness; and not one of even the most valuable of the articles mentioned is to be found in the *Pharmacopœia*, or would be found there for seven years to come, under the present plan of revision. To pick up such articles annually and publish all that is known about them, with a proper expert discrimination between that which is trustworthy and that which is not, and then to go on collecting and sifting evidence day by day, to be summed up and published every year, until each article shall be quickly killed off, or as quickly fostered, guarded and guided to a rational trial and use, must certainly be an important work which the medical profession cannot much longer do without. This is the work which it is sought here to organize and try to carry out under competent authority, in a separate book, which, though small at first, would be ready to grow with the need for it, and as the council got into its training. It would seem that such an annual faciculus or volume might be made, without any special difficulty, of equal importance to the medical and pharmaceutical professions, with the standard part of the *Pharmacopœia*, though it would be valuable in a very different way, but still in the capacity of a standard for what might be known or believed at the time of issue.

In seeking for a title for such a book that would be convenient for popular use, and would express the new idea involved in its design, no satisfactory name could be found. It is not proposed as a supplement to the *Pharmacopœia*, nor an addenda, nor an appendix, nor an adjunct, for it would contain nothing that the *Pharmacopœia* could properly claim at the time. In its nature and character it would rather be an antecedent and pilot to the *Pharmacopœia*, developing from day to day its course in its less frequent revisions; proving and maturing its small amount of solid material from the mass, and recording the current vagaries and mutations of novelty and fashion that these influences might be mitigated or avoided. The prominent character of the standard portion of the *Pharmacopœia* is stability. The prominent characteristic of this book would be instability or change, yet both tend equally to the same object, of a fertile and stable *materia medica*.

In this difficulty no better word could be found than the one adopted. The word "*Ephemeris*" means literally "for a day," as a journal, a diary, and this is what the book would really be for

the *materia medica*, though published not daily, but annually. It seems objectionable, without any grave objections that can be stated. It is undesirably odd, perhaps a little pedantic, and, finally, has been already appropriated by a nautical almanac; but such a book is too rare and too little known to interfere much with this use of the word. It is, therefore, offered as not being free from objection, but as the best that can be suggested.

It is the object of the writer of this pamphlet to awaken a general interest in this subject of the National Pharmacopœia throughout the medical and pharmaceutical professions, for their own benefit, and wherever a thoughtful reader can be found, this writer will thank him for his careful attention to the subject, as being peculiarly his own business, which stands in need of his own individual influence and action, either to favor, modify, or oppose this plan, to sustain the old plan, or to propose a better than either.

But the pamphlet is especially addressed to those bodies which were represented by delegates in the National Convention for Revising the Pharmacopœia, which met in Washington in 1870, and a copy will be carefully sent to every delegate of that Convention, with the hope that he will bring it at once before the society or college which he represented, and obtain a definite action on the subject. Then this action, whatever it may be, should be sent up to the American Medical Association through the delegates to the next meeting at Chicago, in June, 1877.

A large edition of these pamphlets will be printed, and will be distributed gratuitously to all the members of the bodies interested, who can be reached by means of directories and published lists; and, besides this, any reasonable number will be supplied on application to the writer.

BROOKLYN, December 28th, 1876.

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